

AGENDA # _____ DATE _____

AGENDA REPORT

Prepared for the
CASCADE COUNTY COMMISSION

ITEM Approved checks issued since 08/29/2020

PRESENTED BY: Cascade County Clerk & Recorder/Auditor

The Board of County Commissioners has approved invoices and accounts payable checks #305663 through #305806 totaling \$ 1,010,650.35 dated 08/31/2020 thru 09/04/20.

In addition, payroll checks #954466 through #95510 were issued totaling \$ 38,843.13 and EFT's 5244359 to 5245262 were made totaling \$1,000,859.03 for a payroll total of \$ 1,039,702.16 for the month of August 2020.

A listing of all paid warrants is available in the Cascade County Commissioners Office.

AGENDA # _____ DATE _____

AGENDA REPORT

Prepared for the

CASCADE COUNTY COMMISSION

ITEM Approved checks issued since 09/05/2020

PRESENTED BY: Cascade County Clerk & Recorder/Auditor

The Board of County Commissioners has approved invoices and accounts payable checks #305807 through #305944 totaling \$ 521,380.84 and EFT #9101621 through 9101632 totaling \$ 353,686.73 for an A/P total of \$ 875,067.57 dated 09/07/20 through 09/11/2020.

A listing of all paid checks is available in the Cascade County Commissioners Office.

TREASURER'S MONTHLY REPORT-BANK BALANCES, INVESTMENTS, REVENUES AND DISBURSEMENTS**August 31, 2020****BANK BALANCES:**

	STATEMENTS
US BANK MASTER ACCOUNT	\$ 5,016,468.01
TOTAL	<u>\$5,016,468.01</u>

INVESTMENTS:

MT Board of Investments - Short Term Investment Pool (STIP)	\$26,392,271.96
TOTAL	<u>\$26,392,271.96</u>

GRAND TOTAL	<u><u>\$31,408,739.97</u></u>
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OTHER BANK BALANCES:

	STATEMENTS
7057 CLERK OF COURT RESTITUTION	\$ 15,730.23
2862 SHERIFF'S COMMISSARY	\$ 55,931.16
9569 SHERIFF'S CIVIL	\$ 16,856.86
4478 SHERIFF'S EVIDENCE	\$ 49,577.93
3001 JUSTICE COURT OLD TRUST	\$ 1,288.78
1208 JUSTICE COURT NEW TRUST	\$ 74,839.38
TOTAL	<u>\$ 214,224.34</u>

RECEIPTS:

MOTOR VEHICLE	\$ 965,308.02
PROPERTY TAX	\$ 540,382.91
REVENUE RECEIPTS	\$ 3,773,723.89
TOTAL	<u>\$5,279,414.82</u>

DISBURSEMENTS: Made in the current month.

MONTANA MOTOR VEHICLE DIVISION	\$ 702,289.20
MONTANA DEPT. OF REVENUE	\$ 122,588.49
CITY OF GREAT FALLS	\$ 223,757.97
GREAT FALLS PUBLIC SCHOOLS	\$ 220,687.17
MISC. REMITTANCES	\$ 20,238.50
TOTAL	<u>\$ 1,289,561.33</u>

CASCADE COUNTY COMMISSION MEETING

September 8, 2020

Via Zoom

9:30 A.M.

Commission
Journal #60

Notice: Pursuant to MCA 2-3-212(1), the official record of the minutes of the meeting is in audio form, located at cascadecountymt.gov and the Clerk and Records Office. This is a written record of this meeting to reflect all the proceedings of the Board. MCA 7-4-2611 (2) (b). Timestamps are indicated below, in red, and will direct you to the precise location should you wish to review a specific agenda item audio segment. These are in draft form until officially approved on September 8, 2020.

Commission: Chairman James L. Larson, Commissioner Jane Weber and Commissioner Joe Briggs

Staff: Carey Ann Haight – Deputy County Attorney, Rina Fontana Moore – Clerk & Recorder, Charity Yonker – Planning Director, Amber Hobbs – Planner, Cory Reeves – Undersheriff, Les Payne – Public Works Director, Scott Maunu – Commission Office, Brad Call – Emergency Services Director, Shanna Bulik-Chism – JDC Director, Mary Embleton – Budget Officer, Roy Curtis – Superintendent of Buildings and Grounds, Kelton Foster – IT, Sean Higginbotham – IT Director, and Kyler Baker – Deputy Clerk & Recorder

Public: Ronda Wiggers, Karl Puckett – The Great Falls Tribune, Jenn Rowell – The Electric, Mark Leo – Big Sky Civil and Environmental, Roy Volk

Call to Order: Chairman Larson called the meeting to order.

Reading of the Commissioners' calendar: Scott Maunu read the calendar. 00:42

Purchase orders and accounts payable checks: *See agenda for payment information.* Commissioner Briggs made a MOTION to approve purchase orders and accounts payable warrants. Motion carries 3-0 04:39

Consent agenda: Routine day-to-day items that require Commission action. Any Commissioner may pull items from the Consent Agenda for separate discussion/vote.

Approval of the Minutes and Consent Agenda Items: Commissioner Weber made a MOTION to (A) Approve minute entries (August 25, 2020; September 1, 2020; September 2, 2020) (B) Approval of Routine Contracts as Follows:

Consent Agenda

Contract 20-135: Memorandum of Understanding by and between City of Belt and Cascade County to implement a Resident Deputy Program. Initial six (6) month term until residence for the Deputy is obtained. Extended Term. Effective: June 30, 2020 – June 30, 2029. 05:23

Contract 20-139: Contract with Kindred Plumbing & Heating Inc. to replace kitchen area floor drain and trap at the Adult Detention Center. Total Cost: \$3,870. 05:37

Contract 20-140: Contract with Kindred Plumbing & Heating Inc. to plumb in and install an overhead heater and thermostat at the Adult Detention Center. Total Cost; \$6,970.
05:49

Contract 20-141: Contract with Heartland for payment processing. Additional terms and conditions of electronic payment processing system to establish service setup and rates. Based on a fixed service fee on 2.95% per transaction. (Ref: Contract 19-201) **06:02**

Contract 20-142: Contract with CivicPlus for upgrades to community engagement and digital government management platforms. Define terms and conditions. Initial Cost: \$17,273.47. **06:22**

Contract 20-143: Juvenile Detention Center jail management system. To enter into an agreement with CentralSquare Technologies for jail management service. Total County Cost: \$9,902.00 with a recurring fee of \$844.20 (Ref: Interlocal Agreement 17-40) **06:38**
Motion carries 3-0 07:32

AGENDA ITEM #1 07:43

Motion to Approve or Disapprove:

Contract 20-138: Contract with C's Painting Plus to pain various buildings on the backside of the MT ExpoPark. Total Cost: \$44,334.

Les Payne, Public Works Director, elaborates. **08:06**

Commissioner Briggs asks Les Payne to explain why this contract has a contingency. **09:08**

Les Payne, Public Works Director, explains the contingency. **09:15**

Commissioner Weber made a **MOTION** to approve Contract 20-138: Bid proposal from C's Painting Plus to repaint various buildings and barns, on the backside of the Montana ExpoPark, located at 400 3rd St NW, for \$36,945.00 and approve staff of utilizing and not to exceed a contingency of \$7,389.00 (approximately 20%) for a total project cost of \$44,334.00.

Motion carries 3-0 11:39

AGENDA ITEM #2 11:53

Public Hearing

Preliminary Plat of the Missouri River Big Bend II Part II

Remainder track of the Missouri River Big Bend II, Phase I, and Lot 7 of Missouri River Big Bend III, located in Sections 10, 11, 14 & 15, Township 19 North, Range 3 East.

Recess the Commission Meeting:

Chairman Larson recessed the Commission Meeting at **9:43 a.m.**

Open the Public Hearing:

Chairman Larson opened the Public Hearing at **9:43 a.m.**

Reading of the Public Notice:

The reading of the public notice was waived without objections and made part of the public record. (See Exhibit A) **12:53**

Staff Presentation:

Amber Hobbs, Planner, elaborates. **13:18 – 45:25**

Call to Applicant:

Chairman Larson called to the applicant.

Mark Leo, Big Sky Civil and Environmental, 1324 13th Ave SW, speaks. **46:05**

Call for Written Testimony:

Chairman Larson called for Written Testimony and none was presented. **59:12**

Call for Proponents on Variance #1:

Roy Volk, 301 Big Bend Lane, speaks. **1:01:20**

Call for Opponents on Variance #1:

Chairman Larson called for Opponents on Variance #1, three times with no response.

1:09:54

Call for Informational Witnesses on Variance #1:

Chairman Larson called for Informational Witnesses on Variance #1, three times with no response. **1:10:12**

Call for Proponents on Variance #2:

Chairman Larson called for Proponents on Variance #2, three times with no response.

1:10:42

Call for Opponents on Variance #2:

Chairman Larson called for Opponents on Variance #2, three times with no response.

1:11:05

Call for Proponents on the Subdivision:

Chairman Larson called for Proponents on the Subdivision, three times with no response.

1:11:59

Call for Opponents on the Subdivision:

Chairman Larson called for Opponents on the Subdivision, three times with no response.

1:12:16

Call for Informational Witnesses on the Subdivision:

Chairman Larson called for Informational Witnesses on the Subdivision, three times with no response. **1:12:37**

Close to Public Hearing:

Chairman Larson closed the Public Hearing at **10:44 a.m.**

Re-open Commission Meeting:

Chairman Larson re-opened the Commission Meeting at **10:44 a.m.**

Commissioner Weber made a **MOTION** to **approve** Variance 1 with the following conditions:

- ii. A covenant shall be filed with the final plat stating "The Missouri River Bend II, Part II, Major Subdivision property owners shall maintain the internal access road and road approach, and shall keep the entire width of the road clear of all vehicles, campers, boats, trailers, materials, or any other item in order to aid emergency vehicle response capabilities."

And

- iii. Prior to final plat approval the subdivider shall install no parking signs along the internal access road which notifies all landowners of the requirement to keep the road right-of-way clear of all encroachments. **1:13:34**

Commissioner Briggs made an **AMENDMENT** to the **MOTION** adding:

- i. Obtain a signed letter from the Gore Hill Volunteer Fire Department stating that one access road is sufficient to provide adequate fire protection and emergency services to the entire subdivision in the even Rimrock Lane becomes congested or impassable. **1:16:19**

Motion carries 3-0 1:18:22

Commissioner Briggs made a **MOTION** that Variance 2 be **denied**: on the grounds that the Applicant has not provided sufficient evidence to support a positive findings that (1) the conditions on which the request for variance is based are unique to the property on which the variance is sought and are not generally applicable to other properties; (2) that the physical conditions, such as the parcels shape or topography, prevent the Applicant from meeting the strict letter of these Regulations; and (3) the granting of the variance will not be detrimental to the public health, safety, or general welfare or injurious to other adjoining properties. **1:18:45**

Motion carries 2-1 1:20:01 (*For: Briggs and Weber; Against: Larson*)

Commissioner Weber made a **MOTION** that after consideration of the Staff Report and Findings of Fact, **approve** the Preliminary Plat Application for Missouri River Big Bend II, Part II Major Subdivision according to the 25 conditions. **1:20:18**

Motion carries 3-0 1:21:53

AGENDA ITEM #3 1:22:06

Motion to Approve or Disapprove:

Contract 20-144: Contract with A.T. Klemens to remove old and install new roof on ExpoPark Test Barn and the Eastside addition. Total Cost: \$23,947.20

Les Payne, Public Works Director, elaborates. **1:22:31**

Commissioner Briggs made a **MOTION** to **approve** Contract 20-144: for A.T. Klemens to remove and install a new roof on the Test Barn & the addition that is attached to the Eastside of this building, all located at the Montana ExpoPark, at 400 3rd St NW, for \$19,956.00 and approve staff of utilizing and not to exceed a contingency of \$3,991.20 (approximately 20%) for a total project cost of \$23,947.20. **1:24:06**

Motion carries 3-0 1:25:09

AGENDA ITEM #4 1:25:18

Motion to Approve or Disapprove:

Resolution 20-52: Independent Taxing Jurisdictions – set tax mill levies for fiscal year 2020/2021.

Rina Fontana Moore, Clerk & Recorder, elaborates. **1:25:38**

Commissioner Briggs gives more background information. **1:27:06**

Commissioner Weber made a **MOTION** to **approve** Resolution 20-52: accepting the information provided to set tax mill levies for fiscal year 2020/2021. **1:30:06**

Motion carries 3-0 1:30:48

AGENDA ITEM #5 1:30:57

Motion to Approve or Disapprove:

Contract 20-145: Contract 20-CV01-92700-COVID-19 Prevention and Preparation Montana Board of Crime Control (MBCC) Grant Award. Total Grant: \$84,187 to be divided between the Juvenile Detention Center (\$25,000) and the Sheriff's Office (\$59,187)

Carey Ann Haight, Deputy County Attorney, elaborates. **1:31:48**

Commissioner Briggs asks if this grant is considered as and treated as federal funds.

1:34:52

Mary Embleton, Budget Officer/Grant Coordinator, responds. **1:35:00**

Commissioner Briggs made a **MOTION** to **approve** Contract 20-145: Contract 20-CV01-92700-COVID-19 Prevention and Preparation Montana Board of Crime Control (MBCC) Grant Award in the amount of \$84,187.00.

Motion carries 3-0 **1:38:15**

Public Comment on any public matter that is not on the meeting agenda, and that is within the Commissioners' jurisdiction. (MCA 2-3-103)

None

Adjournment: Chairman Larson adjourned this Commission Meeting at **11:10 a.m.**

September 22, 2020

Resolution 20-53

Agenda Action Report
Prepared for the
Cascade County Commission

ITEM: Prosecutorial Assistance State v. Benjamin M. Hallberg

INITIATED AND PRESENTED BY: Carey Ann Haight, Deputy County Attorney

ACTION REQUESTED: Approval of Resolution 20-53

BACKGROUND:

The Office of the Montana State Auditor, Commissioner of Securities & Insurance routinely handles prosecutions of cases throughout the state that involve their office. They had previously asked to have the Cascade County Attorney and County Commission to permit Special Assistant Attorney General Derek Oestreicher be appointed in the matter of *State of Montana v. Benjamin M. Hallberg, CDC-16-240*. They have since assigned a new attorney, Richard Wootton to the prosecution of this case and now seek to have Mr. Wootton appointed as a Special Assistant Attorney General. Given that these cases involve a particularized set of statutes which the Commissioner of Securities & Insurance routinely handles through the Attorney General's Office, and given the current criminal caseload of the Cascade County Attorney's Office, having a special prosecutor appointed in this case is beneficial.

Cascade County will bear costs associated with the prosecution, but not attorney fees.

RECOMMENDATION: Approval of Resolution 20-53

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE:

Mr. Chair, I move that the Commission approve Resolution 20-53 authorizing the appointment of the attorneys assigned to the Office of the Montana State Auditor, Commissioner of Securities and Insurance to be appointed as Special Deputy County Attorneys for Cascade County for the purpose of assisting in the prosecution of *State of Montana v. Benjamin M. Hallberg, CDC-2016-240*.

MOTION TO DISAPPROVE:

Mr. Chair, I move that the Commission disapprove Resolution 20-53 authorizing the appointment of the attorneys assigned to the Office of the Montana State Auditor, Commissioner of Securities and Insurance to be appointed as Special Deputy County Attorneys for Cascade County for the purpose of assisting in the prosecution of *State of Montana v. Benjamin M. Hallberg, CDC-2016-240*.

RESOLUTION 20-53

Whereas, the Office of the Montana State Auditor, Commissioner of Securities and Insurance has requested appointment as a special deputy county attorney in the case of State v. Benjamin M. Hallberg, CDC-16-240; and

Whereas, it is desired and deemed appropriate that a special deputy county attorney be appointed to assist in the prosecution of the aforementioned cases; and

Whereas, Mont. Code Ann. § 2-15-501(5) authorizes the Attorney General for the State of Montana to provide assistance to the County Attorney in the discharge of his or her duties; and

Whereas, Derek Oestreicher, a duly appointed Special Assistant Attorney General for the State of Montana had been previously appointed as a special deputy county attorney in the above-referenced case; and

Whereas the Office of the Montana State Auditor, Commissioner of Securities and Insurance, employs its attorneys as duly appointed Special Assistant Attorneys General for the State of Montana; and

Whereas, Richard Wootton, is an attorney with the Office of the State Auditor, Commissioner of Securities and Insurance who has now been assigned to prosecute the above-referenced case.

THEREFORE, BE IT RESOLVED, that the attorneys assigned to the Office of the Montana State Auditor, Commissioner of Securities and Insurance, are hereby appointed as

Special Deputy County Attorneys for Cascade County for the purpose of assisting in the prosecution of the aforementioned case.

BE IT FURTHER RESOLVED, that the Office of the Montana State Auditor, Commissioner of Securities and Insurance, shall charge the County no fee for attorney time provided by its attorneys. Witness fees and expenses, jury costs, and other normal costs associated with trial will be the County's responsibility as with all other prosecutions.

Dated this ____ day of September, 2020

BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA

James L. Larson, Chairman

Jane Weber, Commissioner

Joe Briggs, Commissioner

Attest

Rina Fontana Moore, Cascade County Clerk and Recorder

* APPROVED AS TO FORM:

Josh Racki, County Attorney

DEPUTY COUNTY ATTORNEY

* THE COUNTY ATTORNEY HAS PROVIDED ADVICE AND APPROVAL OF THE FOREGOING DOCUMENT LANGUAGE ON BEHALF OF THE BOARD OF CASCADE COUNTY COMMISSIONERS, AND NOT ON BEHALF OF OTHER PARTIES OR ENTITIES. REVIEW AND APPROVAL OF THIS DOCUMENT BY THE COUNTY ATTORNEY WAS CONDUCTED SOLELY FROM A LEGAL PERSPECTIVE AND FOR THE EXCLUSIVE BENEFIT OF CASCADE COUNTY. OTHER PARTIES SHOULD NOT RELY ON THIS APPROVAL AND SHOULD SEEK REVIEW AND APPROVAL BY THEIR OWN RESPECTIVE COUNSEL.

September 22, 2020

Resolution 20-54

Agenda Action Report
Prepared for the
Cascade County Commission

ITEM: Prosecutorial Assistance State v. Traci Nicole Michels

INITIATED AND PRESENTED BY: Carey Ann Haight, Deputy County Attorney

ACTION REQUESTED: Approval of Resolution 20-54

BACKGROUND:

The Office of the Montana State Auditor, Commissioner of Securities & Insurance routinely handles prosecutions of cases throughout the state that involve their office. They had previously asked to have the Cascade County Attorney and County Commission to permit Special Assistant Attorney General Derek Oestreicher be appointed in the matter of *State of Montana v. Traci Nicole Michels, ADC-2018-032*. They have since assigned a new attorney, Richard Wootton to the prosecution of this case and now seek to have Mr. Wootton appointed as a Special Assistant Attorney General. Given that these cases involve a particularized set of statutes which the Commissioner of Securities & Insurance routinely handles through the Attorney General's Office, and given the current criminal caseload of the Cascade County Attorney's Office, having a special prosecutor appointed in this case is beneficial.

Cascade County will bear costs associated with the prosecution, but not attorney fees.

RECOMMENDATION: Approval of Resolution 20-54

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE:

Mr. Chair, I move that the Commission approve Resolution 20-54 authorizing the appointment of the attorneys assigned to the Office of the Montana State Auditor, Commissioner of Securities and Insurance to be appointed as Special Deputy County Attorneys for Cascade County for the purpose of assisting in the prosecution of *State of Montana v. Traci Nicole Michels, ADC-2018-032*.

MOTION TO DISAPPROVE:

Mr. Chair, I move that the Commission disapprove Resolution 20-54 authorizing the appointment of the attorneys assigned to the Office of the Montana State Auditor, Commissioner of Securities and Insurance to be appointed as Special Deputy County Attorneys for Cascade County for the purpose of assisting in the prosecution of *State of Montana v. Traci Nicole Michels, ADC-2018-032*.

RESOLUTION 20-54

Whereas, the Office of the Montana State Auditor, Commissioner of Securities and Insurance has requested appointment as a special deputy county attorney in the case of State v. Traci Nicole Michels, ADC-2018-032; and

Whereas, it is desired and deemed appropriate that a special deputy county attorney be appointed to assist in the prosecution of the aforementioned cases; and

Whereas, Mont. Code Ann. § 2-15-501(5) authorizes the Attorney General for the State of Montana to provide assistance to the County Attorney in the discharge of his or her duties; and

Whereas, Derek Oestreicher, a duly appointed Special Assistant Attorney General for the State of Montana had been previously appointed as a special deputy county attorney in the above-referenced case; and

Whereas the Office of the Montana State Auditor, Commissioner of Securities and Insurance, employs its attorneys as duly appointed Special Assistant Attorneys General for the State of Montana; and

Whereas, Richard Wootton, is an attorney with the Office of the State Auditor, Commissioner of Securities and Insurance who has now been assigned to prosecute the above-referenced case.

THEREFORE, BE IT RESOLVED, that the attorneys assigned to the Office of the Montana State Auditor, Commissioner of Securities and Insurance, are hereby appointed as

Special Deputy County Attorneys for Cascade County for the purpose of assisting in the prosecution of the aforementioned case.

BE IT FURTHER RESOLVED, that the Office of the Montana State Auditor, Commissioner of Securities and Insurance, shall charge the County no fee for attorney time provided by its attorneys. Witness fees and expenses, jury costs, and other normal costs associated with trial will be the County's responsibility as with all other prosecutions.

Dated this ____ day of September, 2020

BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA

James L. Larson, Chairman

Jane Weber, Commissioner

Joe Briggs, Commissioner

Attest

Rina Fontana Moore, Cascade County Clerk and Recorder

* APPROVED AS TO FORM:

Josh Racki, County Attorney

DEPUTY COUNTY ATTORNEY

* THE COUNTY ATTORNEY HAS PROVIDED ADVICE AND APPROVAL OF THE FOREGOING DOCUMENT LANGUAGE ON BEHALF OF THE BOARD OF CASCADE COUNTY COMMISSIONERS, AND NOT ON BEHALF OF OTHER PARTIES OR ENTITIES. REVIEW AND APPROVAL OF THIS DOCUMENT BY THE COUNTY ATTORNEY WAS CONDUCTED SOLELY FROM A LEGAL PERSPECTIVE AND FOR THE EXCLUSIVE BENEFIT OF CASCADE COUNTY. OTHER PARTIES SHOULD NOT RELY ON THIS APPROVAL AND SHOULD SEEK REVIEW AND APPROVAL BY THEIR OWN RESPECTIVE COUNSEL.

September 22, 2020

Resolution 20-55

Agenda Action Report
Prepared for the
Cascade County Commission

ITEM: **Budget Appropriation to increase Fund #2918
Public Safety Grants for the new MBCC
COVID-19 Grant Award**

INITIATED AND PRESENTED BY: **Undersheriff Cory Reeves
Cascade County Sheriff's Office**

ACTION REQUESTED: **Approval of Resolution 20-55**

BACKGROUND:

The Cascade County Sheriff's Office applied for 20-CV01-92700-COVID-19 Prevention and Preparation Grant. On September 1, 2020 the Montana Board of Crime Control (MBCC) awarded a total of \$84,187. The Sheriff's Office was allocated \$59,187 and JDC was awarded \$25,000. Cascade County Commission accepted the grant award on September 8, 2020 via Contract #20-145. This budget amendment resolution is necessary to increase expenditures and revenues in fund #2918-551 as per the grant award contract.

RECOMMENDATION: Approval of Resolution #20-55.

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE:

Mr. Chairman, I move that the Commission **APPROVE** Resolution 20-55, increasing expenditures in Fund #2918-551 in the amount of \$84,187 offset by grant revenue from the MBCC COVID-19 Grant award.

MOTION TO DISAPPROVE:

Mr. Chairman, I move that the Commission **DISAPPROVE** Resolution 20-55, increasing expenditures in Fund #2918-551 in the amount of \$84,187 offset by grant revenue from the MBCC COVID-19 Grant award.

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF CASCADE COUNTY, MONTANA

**IN THE MATTER OF A BUDGET
APPROPRIATION WITHIN CASCADE COUNTY
PUBLIC SAFETY GRANT FUND #2918**

RESOLUTION 20-55

WHEREAS, the Commission passed Resolution 20-50 Adopting the Final Budget for FY2021 on September 1, 2020 as per MCA 7-6-4020 for all funds including Fund #2918 Public Safety Grants Fund; and

WHEREAS, the Cascade County Sheriff's Office applied for and received a grant from Montana Board of Crime Control (MBCC) in the amount of \$84,187 for COVID-19 Prevention and Preparation to be used by the Cascade County Sheriff's office, Adult Detention Center, and Juvenile Detention Center; and

WHEREAS, a budget amendment is necessary to increase expenditures in Fund #2918-551 Public Safety Grants in the amount of \$84,187 which is offset by Federal grant revenues of \$84,187; and

WHEREAS, pursuant to Section 7-6-4006, M.C.A. 2019, the Board of County Commissioners has the power to appropriate funds within the budget; and

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of County Commissioners of Cascade County the appropriation adjustments are to be made as detailed in Attachment A;

Dated this 22nd Day of September, 2020.

**BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA**

JAMES L. LARSON, CHAIRMAN

JANE WEBER, COMMISSIONER

JOE BRIGGS, COMMISSIONER

ATTEST:

CLERK & RECORDER/AUDITOR
mke

REQUEST FOR BUDGET APPROPRIATION

Date: 9/10/2020

To: Cascade County Board of Commissioners

Attachment A

Program Name: MBCC Covid Prevention & Prep CCSO & JDC

CFDA # 16.034

Contract # 20-145 20-CV01-92700

Responsible Department: Sheriff's Office

Prepared by: Cory Reeves


Please approve the following budget changes:

	Fund		Dept		Function		Account	Budgeted Amount	Increase (Decrease)	Amended Budget
<u>Expenses</u>										
Acct #	2918	-	551	-	B0120	-	200.205	\$ -	\$ 42,297	\$ 42,297
Acct #	2918	-	551	-	B0120	-	300.305	-	16,890	\$ 16,890
Acct #	2918	-	551	-	B0125	-	100.120	-	6,921	\$ 6,921
Acct #	2918	-	551	-	B0125	-	200.205	-	15,529	\$ 15,529
Acct #	2918	-	551	-	B0125	-	300.305	-	2,550	\$ 2,550
Acct #		-		-		-		-	-	\$ -
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Explanation of budget changes:

New grant from MBCC for COVID-19 Prevention and Preparation for Cascade County Sheriff's Office, Adult Detention Center, and Juvenile Detention Center, effective 8/1/2020 through 7/30/2021.

Changes authorized by:

 9/10/2020
 Department Head Signature or
 Elected Official Signature Date

 9/10/2020
 Mary Embleton, Budget Officer Date

Cory Reeves and Shanna Bulik-Chism
 Print Name



STATE OF MONTANA
BOARD OF CRIME CONTROL
5 Last Chance Gulch - Helena MT 59601-4178
Phone: (406) 444-3604 Fax: (406) 444-4722

GRANT AWARD

Subgrant: 20-CV01-92700 COVID-19 Prevention and Preparation: Cascade CO

Grantee: Cascade CO Sheriff's Office
3800 Ulm N Frontage Rd
Great Falls, MT 59404

FEIN: 816001343
Duration: 08/01/2020 through 07/30/2021
Proj. Dir: Cory Reeves

Award Date:		Personnel:	\$6,921.00
Federal Amount Awarded:	\$84,187.00	Contract Services:	\$19,440.00
State Amount Awarded:	\$0.00	Travel:	\$0.00
Guaranteed Local Matching:	\$0.00	Equipment:	\$0.00
		Operating:	\$57,826.00
Total:	\$84,187.00	Total:	\$84,187.00


Source of Federal Funds: 16.034 - Coronavirus Emerg. Supplement Funding

Special Conditions

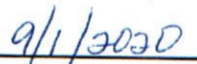
Please see attached Special Conditions

I am pleased to inform you that the Board of Crime Control has approved your application for financial assistance. This grant is subject to the special conditions listed above, general conditions attached hereto, and must be implemented and administered along guidelines already established by your agency. This grant shall become effective, as of the date of award, when the grantee signs and returns a copy of this grant award to the Board of Crime Control.

Funds allocated to this project, both awarded and matching, must be obligated prior to **07/30/2021**



Natalia Bowser
Crime Control Bureau Chief
Dept. of Corrections
Montana Board of Crime Control

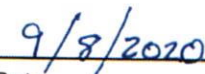


Date

I, as authorized representative of the above grantee agency, hereby signify acceptance of the above described grant on the terms and conditions set forth above or incorporated by reference therein.



James Larson
Chairman Cascade Co Commission



Date



Montana Board of Crime Control

5 S Last Chance Gulch
PO Box 201408
Helena MT 59620
Phone (406)444-3604
Fax (406)444-4722
TTY (406)444-7099
www.mbcc.mt.gov

September 1, 2020

Cory Reeves
Cascade CO Sheriff's Office
3800 Ulm North Frontage Rd
Great Falls, MT 59401

RE: 20-CV01-92700 – COVID-19 Prevention and Preparation: Cascade CO
(Please refer to the above grant number in any correspondence.)

Dear Cory:

The Montana Board of Crime Control (MBCC) congratulates you on the award of your application.

Enclosed is your grant award and necessary instructions. If there has been a change in the Official Budget Representative or Project Director since the time of application, please complete a new signature page (<http://mbcc.mt.gov/Funding/Forms-Info>) and submit it with the signed award documents. Please have **James Larson, Chariman Cascade Co Comission,** complete and sign the following:

- Grant Award
- Special Conditions
- Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Civil Rights Training Certificate - <http://mbcc.mt.gov/Working-Together/Training>
- Risk Assessment

Documents require original signatures and must be returned to this office.

All grant funds are provided to subgrantees on a reimbursement basis, with proof of expenses incurred.

Quarterly Narrative and Financial Reports are required. You can begin reporting in the systems 16 days after the quarter opens and reports are due within 10 days following the end of each quarter/reporting period. Below is your user ID and password for logging in to *both* the Narrative and Financial Reporting Systems at <http://mbcc.mt.gov/Funding/Reporting>. Please note these are two separate systems and the ID and password are used for both.

Your User ID is: CV01-92700

Your Initial Password is: 0701

Please login immediately to set up your profile and email contacts to receive the reporting reminder emails. Please print the Narrative and Financial Reporting Instructions as a reference (<http://mbcc.mt.gov/Funding/Reporting>).

If you have any questions regarding your grant, please contact Mark Thatcher at (406) 444-3605.

Sincerely,

A handwritten signature in blue ink that reads "Natalia Bowser".

Natalia Bowser
Crime Control Bureau Chief

Enclosures

Peter Ohman
State Public Defender
Chairperson

Rick Kim
Fort Peck Executive Board
Member
Vice Chairperson

Laurie Barron
Superintendent

Tim Brurud
Youth Justice Council Chair

Katie Campbell
Probation Parole Officer

Jared Cobell
Assistant U.S. Attorney

William Dial
Whitefish Police Chief

Leo Dutton
Lewis & Clark Sheriff

Tim Fox
Attorney General

Wyatt Glade
Custer County Attorney

Beth McLaughlin
Court Administrator

Reginald Michael
Department of Corrections
Director

Laura Obert
Broadwater County
Commissioner

Olivia Rieger
7th Judicial District
District Court Judge

Angela Russell
Attorney

Geri Small
Professional & Community
Organizations

Derek VanLuchene
Public Representative

September 22, 2020

Resolution 20-56

Agenda Action Report
Prepared for the
Cascade County Commission

ITEM: Budget Appropriation for funds received from CARES Act

INITIATED AND PRESENTED BY: Shanna Bulik-Chism – Administrator
Cascade County Juvenile Detention Center

ACTION REQUESTED: Approval of Resolution 20-56

BACKGROUND:

The State of Montana received CARES Act funding from the Federal Government to provide relief to local governments dealing with additional costs caused by the COVID-19 pandemic. A budget amendment is necessary to recognize the revenue to Fund #2870 for the Juvenile Detention Center in the amount of \$242,099 and to offset by increasing expenditures to transfer these funds to Fund #4030 JDC Capital Improvement Fund for future use.

RECOMMENDATION: Approval of Resolution 20-56

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE:

Mr. Chairman, I move that the Commission approve Resolution 20-56 and recognize the revenue to Fund #2870 for the Juvenile Detention Center and allow the transfer of \$242,099 into the JDC Capital Improvement Fund #4030 for future use.

MOTION TO DISAPPROVE:

Mr. Chairman, I move that the Commission disapprove Resolution 20-56, the revenue to Fund #2870 for the Juvenile Detention Center to allow the transfer of \$242,099 into the JDC Capital Improvement Fund #4030 for future use.

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF CASCADE COUNTY, MONTANA

IN THE MATTER OF A BUDGET

APPROPRIATION WITHIN CASCADE COUNTY

JUVENILE DETENTION CENTER FUNDS #2870 AND #4030

RESOLUTION 20-56

WHEREAS, the Commission passed Resolution 20-50 Adopting the Final Budget for FY2021 on September 1, 2020 as per MCA 7-6-4020 for all funds including Fund #2870 Juvenile Detention Center Fund and Fund #4030 JDC Capital Improvement Fund; and

WHEREAS, the State of Montana received CARES Act funding to provide relief to local governments dealing with additional costs caused by the COVID-19 pandemic, from the Federal government; and

WHEREAS, the Governor of the State of Montana established a process by which Cascade County requested Relief funds for the Juvenile Detention Center eligible personnel costs related to COVID-19; and

WHEREAS, the Board of Cascade County Commissioners determined the best use of these funds is to increase capital reserves for the Juvenile Detention Center; and

WHEREAS, a budget amendment is necessary to recognize the revenue to Fund #2870 Juvenile Detention Center in the amount of \$242,099 and to offset by increasing expenditures to transfer these funds to Fund #4030 JDC Capital Improvement Fund for future use; and

WHEREAS, pursuant to Section 7-6-4006, M.C.A. 2019, the Board of County Commissioners has the power to appropriate funds within the budget; and

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of County Commissioners of Cascade County the appropriation adjustments are to be made as detailed in Attachment A;

Dated this 22nd Day of September, 2020.

**BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA**

JAMES L. LARSON, CHAIRMAN

JANE WEBER, COMMISSIONER

JOE BRIGGS, COMMISSIONER

ATTEST:

CLERK & RECORDER/AUDITOR
mke

Attachment A

To: Cascade County Board of Commissioners

Shanna Bulik-Chism
Print Name



Budget Performance Report

Fiscal Year to Date 09/11/20

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 2870 - Juv Det Center										
REVENUE										
Department 000 - Revenue										
38										
38.3065	Transfer from Perm Levy	125,580.00	.00	125,580.00	.00	.00	.00	125,580.00	0	122,232.00
38 - Totals		\$125,580.00	\$0.00	\$125,580.00	\$0.00	\$0.00	\$0.00	\$125,580.00	0%	\$122,232.00
Department 000 - Revenue Totals		\$125,580.00	\$0.00	\$125,580.00	\$0.00	\$0.00	\$0.00	\$125,580.00	0%	\$122,232.00
Department 232 - Youth Detention/Shelter										
33										
33.4000	State Grants	9,300.00	.00	9,300.00	.00	.00	35.00	9,265.00	0	8,525.00
33 - Totals		\$9,300.00	\$0.00	\$9,300.00	\$0.00	\$0.00	\$35.00	\$9,265.00	0%	\$8,525.00
34										
34.2029	Electronic Monitoring	42,000.00	.00	42,000.00	.00	.00	1,455.00	40,545.00	3	45,015.00
34.2060	Youth Detention-Other	690,000.00	.00	690,000.00	.00	.00	27,211.31	662,788.69	4	665,777.95
34.2062	Other Cty-Long Term Det.	211,500.00	.00	211,500.00	.00	.00	(467.48)	211,967.48	0	140,527.48
34.2065	Charges for Services (Gen Govn)	39,000.00	.00	39,000.00	.00	.00	5,170.00	33,830.00	13	59,220.00
34.2066	Travel Revenue	38,000.00	.00	38,000.00	.00	.00	1,449.95	36,550.05	4	32,745.93
34.2067	BIA Funds	299,625.00	.00	299,625.00	.00	.00	7,095.48	292,529.52	2	249,340.32
34.2068	U.S.D.A. Reimbursement	36,000.00	.00	36,000.00	.00	.00	.00	36,000.00	0	36,098.76
34.2069	Federal Agencies	16,303.00	.00	16,303.00	.00	.00	.00	16,303.00	0	17,970.00
34.2070	School Billing	62,000.00	.00	62,000.00	.00	.00	1,100.00	60,900.00	2	53,980.00
34.2074	Out of Region Long Term	423,000.00	.00	423,000.00	.00	.00	4,920.00	418,080.00	1	503,115.00
34.2075	MBCC Grant Reimbursement	137,119.00	.00	137,119.00	.00	.00	.00	137,119.00	0	131,876.00
34.3300	Other Charges for Service	8,200.00	.00	8,200.00	.00	.00	20.85	8,179.15	0	13,302.61
34 - Totals		\$2,002,747.00	\$0.00	\$2,002,747.00	\$0.00	\$0.00	\$47,955.11	\$1,954,791.89	2%	\$1,948,969.05
36										
36.2000	Miscellaneous Revenues	500.00	.00	500.00	.00	.00	.00	500.00	0	8.89
36.5000	Donations	1,800.00	.00	1,800.00	.00	.00	.00	1,800.00	0	1,550.00
36 - Totals		\$2,300.00	\$0.00	\$2,300.00	\$0.00	\$0.00	\$0.00	\$2,300.00	0%	\$1,558.89
Department 232 - Youth Detention/Shelter Totals		\$2,014,347.00	\$0.00	\$2,014,347.00	\$0.00	\$0.00	\$47,990.11	\$1,966,356.89	2%	\$1,959,052.94
REVENUE TOTALS		\$2,139,927.00	\$0.00	\$2,139,927.00	\$0.00	\$0.00	\$47,990.11	\$2,091,936.89	2%	\$2,081,284.94
EXPENSE										
Department 232 - Youth Detention/Shelter										
Function L1025 - Transfers to Other Funds										
800										
800.820	Transfers to Other Funds	53,090.00	.00	53,090.00	.00	.00	.00	53,090.00	0	216,847.00
800 - Totals		\$53,090.00	\$0.00	\$53,090.00	\$0.00	\$0.00	\$0.00	\$53,090.00	0%	\$216,847.00
Function L1025 - Transfers to Other Funds Totals		\$53,090.00	\$0.00	\$53,090.00	\$0.00	\$0.00	\$0.00	\$53,090.00	0%	\$216,847.00
Department 232 - Youth Detention/Shelter Totals		\$53,090.00	\$0.00	\$53,090.00	\$0.00	\$0.00	\$0.00	\$53,090.00	0%	\$216,847.00
EXPENSE TOTALS		\$53,090.00	\$0.00	\$53,090.00	\$0.00	\$0.00	\$0.00	\$53,090.00	0%	\$216,847.00



Budget Performance Report

Fiscal Year to Date 09/11/20

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 2870 - Juv Det Center Totals										
	REVENUE TOTALS	2,139,927.00	.00	2,139,927.00	.00	.00	47,990.11	2,091,936.89	2%	2,081,284.94
	EXPENSE TOTALS	53,090.00	.00	53,090.00	.00	.00	.00	53,090.00	0%	216,847.00
Fund 2870 - Juv Det Center Totals		\$2,086,837.00	\$0.00	\$2,086,837.00	\$0.00	\$0.00	\$47,990.11	\$2,038,846.89		\$1,864,437.94
Fund 4030 - JDC Capital Improvement										
REVENUE										
Department 000 - Revenue										
37										
37.1010	Interest Earnings	.00	.00	.00	.00	.00	5.01	(5.01)	+++	1,510.77
37 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.01	(\$5.01)	+++	\$1,510.77
38										
38.3000	Interfund Oper. Transfer	53,090.00	.00	53,090.00	.00	.00	.00	53,090.00	0	958,908.29
38 - Totals		\$53,090.00	\$0.00	\$53,090.00	\$0.00	\$0.00	\$0.00	\$53,090.00	0%	\$958,908.29
Department 000 - Revenue Totals		\$53,090.00	\$0.00	\$53,090.00	\$0.00	\$0.00	\$5.01	\$53,084.99	0%	\$960,419.06
REVENUE TOTALS		\$53,090.00	\$0.00	\$53,090.00	\$0.00	\$0.00	\$5.01	\$53,084.99	0%	\$960,419.06
Fund 4030 - JDC Capital Improvement Totals										
	REVENUE TOTALS	53,090.00	.00	53,090.00	.00	.00	5.01	53,084.99	0%	960,419.06
	EXPENSE TOTALS	.00	.00	.00	.00	.00	.00	.00	+++	.00
Fund 4030 - JDC Capital Improvement Totals		\$53,090.00	\$0.00	\$53,090.00	\$0.00	\$0.00	\$5.01	\$53,084.99		\$960,419.06
Grand Totals										
	REVENUE TOTALS	2,193,017.00	.00	2,193,017.00	.00	.00	47,995.12	2,145,021.88	2%	3,041,704.00
	EXPENSE TOTALS	53,090.00	.00	53,090.00	.00	.00	.00	53,090.00	0%	216,847.00
Grand Totals		\$2,139,927.00	\$0.00	\$2,139,927.00	\$0.00	\$0.00	\$47,995.12	\$2,091,931.88		\$2,824,857.00

PAYMENT DATE
09/08/2020
COLLECTION STATION
TRACCT 1
RECEIVED FROM
Accounting
DESCRIPTION
090820 Accounting Covid Relief Funds

CASCADE COUNTY TREASURER'S OFFICE
(406) 454-6853 Matthew
(406) 454-6854 Jeff

BATCH NO.
2021-00000094
RECEIPT NO.
2021-00000457
CASHIER
TRS-Matthew Pfeninge

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT
MISC	Miscellaneous CCSO 2301 101.000 Cash \$649,441.88 2301-000 33.1990 COVID-19 Federal Sources \$649,441.88	\$649,441.88
MISC	Miscellaneous ADC 2301 101.000 Cash \$1,176,583.34 2301-000 33.1990 COVID-19 Federal Sources \$1,176,583.34	\$1,176,583.34
MISC	Miscellaneous JDC 2870 101.000 Cash \$242,098.78 2870-000 33.1990 COVID-19 Federal Sources \$242,098.78	\$242,098.78
Payments:	Type	Amount
	Wire Trans	\$2,068,124.00
Total Amount:		\$2,068,124.00

Customer Copy



**MONTANA
DEPARTMENT OF
ADMINISTRATION**

State Financial Services Division
Steve Bullock, Governor
John Lewis, Director

Local Government Entity (LGE) Certification Form

For reimbursement provided to local governments by the Governor's Coronavirus Relief Fund (the Fund) contained in the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") and assistance through the Federal Emergency Management (FEMA) Public Assistance (PA) grant program.

REIMBURSEMENT REQUEST FOR COSTS INCURRED FROM MARCH 1, 2020 THROUGH JUNE 30, 2020

ALL FIELDS ARE REQUIRED

Local Government Entity (LGE) Information			
Name Cascade County			
Address 325 2nd Ave N	City Great Falls	State MT	Zip 59401
Federal Employer Identification Number (FEIN)			
81-6001343			
Contact Information for Reimbursement Request			
Last Name Briggs		First Name Joe	
Address 325 2nd Ave N	City Great Falls	State MT	Zip 59401
Phone (406) 454-6815	Email jbriggs@briggscom.com		
Certification			
<input checked="" type="checkbox"/> I/we hereby certify that to my/our knowledge the LGE named above has not received reimbursement for the attached incurred costs from any federal funding source. (We recognize this application may include FEMA-eligible costs.)			
<input checked="" type="checkbox"/> I/we hereby certify that the attached information is true, complete, and accurate to the best of my/our knowledge and belief.			

THIS FORM REQUIRES SIGNATURES FROM ONE OR MORE MEMBERS OF THE GOVERNING BODY.

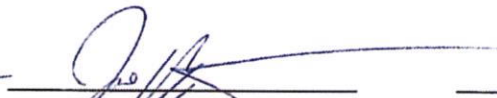

Signature
James Larson

Name
Commission Chairman

Title

08/26/20 (Revised submission)

Date


Signature
Joe Briggs

Name
Commissioner

Title

08/26/20 (Revised submission)

Date

Signature

Name

Title

Date

Local Government Entity (LGE) COVID - 19 Reimbursement Form

ENTITY NAME:	Cascade County
CERTIFICATION SIGNATURE DATE:	8/26/2020 - Revised

REIMBURSEMENT REQUEST FOR COSTS INCURRED FROM MARCH 1, 2020 THROUGH JUNE 30, 2020

If you submitted an application in a previous cycle, be careful to not submit duplicate requests.

The CARES Act provides that payments may only be used to cover costs that:

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

FEMA may provide funding to eligible Applicants for: costs related to emergency protective measures conducted as a result of the COVID-19 pandemic.

Emergency protective measures are activities conducted to address immediate threats to life, public health, and safety. In general, costs related to the continuity of government may be eligible under CARES Act reimbursement; whereas, costs related to emergency operation centers (EOC) may be eligible for FEMA reimbursement.

Payroll Expenses Such As:

- all regular, overtime, and employer FICA pay (no benefits) for first responder, public safety, and public health personnel from March 12 - June 30, 2020;
- other employees - all regular, overtime, and employer FICA pay (no benefits) substantially dedicated to mitigating or responding to the COVID-19 public health emergency; substantially dedicated means the employee dedicated at least 2/3 of regular time to mitigating or responding to COVID-19, since March 1, 2020;

Medical Expenses Such As:

- COVID-19-related expenses of public hospitals, clinics, and similar facilities.
- Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
- Costs of providing COVID-19 testing, including serological testing.
- Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
- Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.

Public Health Expenses Such As:

- Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
- Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings and other public health or safety workers in connection with the COVID-19 public health emergency.
- Expenses for disinfection of public areas and other facilities, e.g., nursing homes, in response to the COVID-19 public health emergency.
- Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19 related threats to public health and safety.
- Expenses for public safety measures undertaken in response to COVID-19.
- Expenses for quarantining individuals.

Compliance Expenses Such As:

- Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
- Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.
- COVID-19 related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
- Reasonable expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.

Federal Emergency Management Agency (FEMA) eligible expenses such as:

- Emergency operations center activities (EOC)
- Training
- Facility disinfection
- Technical assistance on emergency management
- Dissemination of information to the public to provide warnings and guidance
- Pre-positioning or movement of supplies, equipment, or other resources
- Purchase and distribution of food, water, or ice
- Purchase and distribution of other commodities
- Security, law enforcement, barricading and patrolling
- Storage of human remains or mass mortuary services

Examples of Ineligible Expenditures:

- Expenses for the State share of Medicaid
- Damages covered by insurance
- Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
- Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
- Reimbursement to donors for donated items or services.
- Workforce bonuses and hazard pay.
- Severance pay.
- Legal settlements.
- All costs related to primary elections (including mail-in ballots, postage, etc.)
- Paid leave to keep non-essential employees on payroll
- Interoperability
- Costs already reimbursed with federal funds (other than FEMA)
- Employee benefits and employer taxes other than FICA

Reimbursement Category	Expense Category	Expense Description	Actual Non-FEMA-eligible Costs through June 30	Actual Presumptively FEMA-eligible Costs through June 30	Have Costs Been Paid For with Other Federal Funds? (Y/N)	Supporting Documentation Included (Y/N)	Estimated Future Costs July 1 - Dec 30	Total Costs (Actual Costs + Estimated Costs)	Provide Clarification or Justification for ALL Costs. FEMA costs must include a narrative with "who, what, where, why, and when."
PAYROLL EXPENSES for employees whose services are substantially dedicated to mitigating or responding to COVID-19									
1 (FEMA-eligible)	Additional EOC/Emergency Protective Measures	temp hire (regular time, OT, and benefits)						\$ -	Provide payroll reports/timesheets listing employee, job title, hours worked, and salary information (payroll and overtime policies required for FEMA-eligible costs)
2 (FEMA-eligible)	Existing staff OT EOC/Emergency protective measures	OT and benefits (for regular time employees)						\$ -	Provide payroll reports/timesheets listing employee, job title, hours worked, and salary information (payroll and overtime policies required for FEMA-eligible costs)
3	EMS and LE staff - Presumptively Eligible	regular and overtime pay, employer FICA (no benefits) from March 12 - June 30, 2020 (even if paid in July)	\$ 670,029		No	Y	\$ 1,608,000	\$ 2,278,029	Provide payroll reports listing employee, job title, hours worked, and salary information (timesheets not required)
4	Public Health staff - Presumptively Eligible	regular and overtime pay, employer FICA (no benefits) from March 12 - June 30, 2020 (even if paid in July)						\$ -	Provide payroll reports listing employee, job title, hours worked, and salary information (timesheets not required)
5	Dispatch staff - Presumptively Eligible	regular and overtime pay, employer FICA (no benefits) from March 12 - June 30, 2020 (even if paid in July)						\$ -	Provide payroll reports listing employee, job title, hours worked, and salary information (timesheets not required)
6	Detention staff - Presumptively Eligible	regular and overtime pay, employer FICA (no benefits) from March 12 - June 30, 2020 (even if paid in July)	\$ 1,468,186		No	Y	\$ 3,523,646	\$ 4,991,832	Provide payroll reports listing employee, job title, hours worked, and salary information (timesheets not required)
7	Other staff - Substantially dedicated - March 1 - May 31	2/3 of total hours = min 347 hrs per FT employee for time period March 1 - May 31 (even if paid in July)						\$ -	Provide payroll reports/timesheets listing employee, job title, hours worked, and salary information
8	Other staff - Substantially dedicated - June 1 - June 30	2/3 of total hours = min 117 hrs per FT employee for time period June 1 - June 30 (even if paid in July)						\$ -	Provide payroll reports/timesheets listing employee, job title, hours worked, and salary information
9	Other staff - Overtime	could apply to an employee not substantially dedicated covering for an employee out due to COVID-19 (even if paid in July)						\$ -	Provide payroll reports/timesheets listing employee, job title, hours worked, and salary information
NON-PAYROLL expenses (MEDICAL/PUBLIC HEALTH/COMPLIANCE - including contracted staffing related to COVID-19)									
10 (FEMA-eligible)	Cleaning and Disinfecting	supplies- medical supplies and commodities						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
11 (FEMA-eligible)	Cleaning and Disinfecting	additional staff or contractors to conduct increased sanitation and cleaning of equipment, facilities, vehicles						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
12	Cleaning and Disinfecting	decontamination equipment, cleaning and disinfecting						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
13 (FEMA-eligible)	Distributing Public Information	EOC dissemination of information to the public						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
14	Distributing Information	signs for closures, social distancing requirements						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
15	Distributing Information	publication costs for posting notices related to closures, social distancing requirements						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
16	Distributing Information	marketing efforts						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
17	Distributing Information	call center operations						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates

Reimbursement Category	Expense Category	Expense Description	Actual Non-FEMA-eligible Costs through June 30	Actual Presumptively FEMA-eligible Costs through June 30	Have Costs Been Paid For With Other Federal Funds? (Y/N)	Supporting Documentation Included (Y/N)	Estimated Future Costs July 1 - Dec 30	Total Costs (Actual Costs + Estimated Costs)	Provide Clarification or Justification for ALL Costs. FEMA costs must include a narrative with "who, what, where, why, and when."
18		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
19		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
20		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
21		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
22		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
23		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
24	(FEMA-eligible)	Personal Protective Equipment (PPE)						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
25		Personal Protective Equipment (PPE)						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
26		Personal Protective Equipment (PPE)						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
27		Public Health						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
28		Public Health						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
29		Public Health						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
30	(FEMA-eligible)	Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
31		Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
32		Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
33		Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
34		Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
35		Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
36	(FEMA-eligible)	Social services						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
37		Social services						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
38		Social services						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
39		Social services						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
40	(FEMA-eligible)	Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
41	(FEMA-eligible)	Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
42		Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
43		Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
44		Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
45		Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
46		Telework						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
47		Telework						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
48		Training						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
49		Training						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
50		Training						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
51		Training						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
52	Other FEMA-eligible Costs	Facility Security/screening						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
53	Other FEMA-eligible Costs	Temporary Facilities						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
54	Other FEMA-eligible Costs	Temporary Facilities						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
55	Other FEMA-eligible Costs	Temporary Facilities						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
56	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
57	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
58	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
59	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
60	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates

Reimbursement Category	Expense Category	Expense Description	Actual Non-FEMA-eligible Costs through June 30	Actual Presumptively FEMA-eligible Costs through June 30	Have Costs Been Paid for with Other Federal Funds? (Y/N)	Supporting Documentation Included (Y/N)	Estimated Future Costs July 1 - Dec 30	Total Costs (Actual Costs + Estimated Costs)	Provide Clarification or Justification for ALL Costs. FEMA costs must include a narrative with "who, what, where, why, and when."
61	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates.
62	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates.
63	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates.
64	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates.
65	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates.
	TOTAL		\$ 2,138,215	\$ -			\$ 5,131,646	\$ 7,269,861	Justification may include: itemized invoices, receipts, and vouchers with valid dates.

- 70,091 not eligible

\$ 2,068,124 Total



\$ 649,442 - CCSO

\$ 1,176,583 - ADC

\$ 242,099 - JDC

The total of the funds is \$2,068,124 and the breakdown by department/office is as follows:

CCSO	\$ 649,441.88
ADC	\$ 1,176,583.77
JDC	\$ 242,098.78
	<u>\$ 2,068,124.44</u>

Joe Briggs
Cascade County Commissioner

From: Briggs, Joe
Sent: Wednesday, September 2, 2020 3:59 PM
To: Heikkila, Diane <dheikkila@cascadecountymt.gov>; Pfeninger, Matthew <mpfeninger@cascadecountymt.gov>; Reeves, Cory <creeves@cascadecountymt.gov>; Slaughter, Jesse <jslaughter@cascadecountymt.gov>; Shanna Bulik-Chism (<schism@cascadecountymt.gov> <schism@cascadecountymt.gov>
Cc: Larson, James <jl Larson@cascadecountymt.gov>; Weber, Jane <jweber@cascadecountymt.gov>; Brien, Diane <dbrien@cascadecountymt.gov>
Subject: COVID reimbursement Funds Approved!

Diane, Matthew,

Please be on the watch for these funds. Our 1st request for COVID Reimbursement from the CARES Act has been approved.

Please confer with Diane Brien regarding the specific treatment of the funds when received in case something has changed since we met on this. The Commission still prefers that the funds go into each of these departments capital reserves. I not yet have a breakdown of what they denied so I do not have a specific division for the funds, but I will let you know.

Thanks,

Joe

From: State of Montana
To: Joe Briggs
Subject: Application Approved for Reimbursement - Cascade County - Governor's Coronavirus Relief Fund
Dear Joe Briggs,

The Cascade County application for the Governor's Local Government CRF Relief Fund has been approved for \$2,068,124 and will be processed for payment within 7 business days.

\$70,091 in payroll costs not eligible.

If you have questions about your reimbursement, please contact the Department of Administration - Local Government Services Bureau at lgsportalregistration@mt.gov.

Sincerely,
The State of Montana

September 22, 2020

Resolution 20-57

Agenda Action Report
Prepared for the
Cascade County Commission

ITEM: Budget Appropriation to increase funding received from Governor's Local Government Relief Fund

INITIATED AND PRESENTED BY: Undersheriff Cory Reeves
Cascade County Sheriff's Office

ACTION REQUESTED: Approval of Resolution 20-57

BACKGROUND:

The Cascade County application for the Governor's Local Government CRF Relief Fund has been approved for \$2,068,124.00. The Sheriff's Office was awarded \$649,441.88 and the Adult Detention Center was awarded \$1,176,583.77. The Board of Cascade County Commissioner's determined the best use of these funds is to increase capital reserves Fund #4140 for the Sheriff's Office and Adult Detention Center for future use. The budget amendment is necessary to recognize the revenue to Fund #2301 Public Safety of \$1,826,026 and then transfer funding to Fund #4140 ADC Capital Improvement.

AMOUNT: ADC - \$1,176,583.77
CCSO - \$649,441.88
Total - \$1,826,025.65

RECOMMENDATION: Approval of Resolution 20-57.

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE:

Mr. Chairman, I move that the Commission **APPROVE** Resolution 20-57 Amending the budgets for funds #2301 in the amount of \$1,826,026 received from the Governor's Local Government CRF Relief Fund, and then transferring those funds to Fund #4140 ADC Capital Improvements.

MOTION TO DISAPPROVE:

Mr. Chairman, I move that the Commission **DISAPPROVE** Resolution 20-57 Amending the budgets for funds #2301 in the amount of \$1,826,026 received from the Governor's Local Government CRF Relief Fund, and then transferring those funds to Fund #4140 ADC Capital Improvements.

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF CASCADE COUNTY, MONTANA

IN THE MATTER OF A BUDGET

APPROPRIATION WITHIN CASCADE COUNTY

PUBLIC SAFETY FUND #2301 AND ADC CAPITAL IMPROVEMENT FUND #4140

RESOLUTION 20-57

WHEREAS, the Commission passed Resolution 20-50 Adopting the Final Budget for FY2021 on September 1, 2020 as per MCA 7-6-4020 for all funds including Fund #2301 Public Safety Fund and Fund #4140 ADC (Adult Detention Center) Capital Improvement Fund; and

WHEREAS, the State of Montana received CARES Act funding to provide relief to local governments dealing with additional costs caused by the COVID-19 pandemic, from the Federal government; and

WHEREAS, the Governor of the State of Montana established a process by which Cascade County requested Relief funds for the Cascade County Sheriff's Office and Adult Detention Center eligible personnel costs related to COVID-19; and

WHEREAS, the Board of Cascade County Commissioners determined the best use of these funds is to increase capital reserves for the Sheriff's Office and Adult Detention Center; and

WHEREAS, a budget amendment is necessary to recognize the revenue to Fund #2310 Public Safety totaling \$1,826,026 and to offset by increasing expenditures to transfer these funds in the amounts of \$649,442 for the Sheriff's Office plus \$1,176,584 for the Adult Detention Center to Fund #4140 ADC Capital Improvement Fund for future use; and

WHEREAS, pursuant to Section 7-6-4006, M.C.A. 2019, the Board of County Commissioners has the power to appropriate funds within the budget; and

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of County Commissioners of Cascade County the appropriation adjustments are to be made as detailed in Attachment A;

Dated this 22nd Day of September, 2020.

**BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA**

JAMES L. LARSON, CHAIRMAN

JANE WEBER, COMMISSIONER

JOE BRIGGS, COMMISSIONER

ATTEST:

CLERK & RECORDER/AUDITOR
mke

Attachment A

To: Cascade County Board of Commissioners

Print Name _____



Budget Performance Report

Fiscal Year to Date 09/11/20

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 2301 - Public Safety										
EXPENSE										
Department 209 - County Sheriff										
Function L1061 - Transfer to 4140										
800										
800.820	Transfers to Other Funds	60,000.00	.00	60,000.00	.00	.00	.00	60,000.00	0	66,500.00
800 - Totals		\$60,000.00	\$0.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$60,000.00	0%	\$66,500.00
Function L1061 - Transfer to 4140 Totals		\$60,000.00	\$0.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$60,000.00	0%	\$66,500.00
Department 209 - County Sheriff Totals		\$60,000.00	\$0.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$60,000.00	0%	\$66,500.00
Department 404 - Adult Detention Facility										
Function L1061 - Transfer to 4140										
800										
800.820	Transfers to Other Funds	285,000.00	.00	285,000.00	.00	.00	.00	285,000.00	0	66,500.00
800 - Totals		\$285,000.00	\$0.00	\$285,000.00	\$0.00	\$0.00	\$0.00	\$285,000.00	0%	\$66,500.00
Function L1061 - Transfer to 4140 Totals		\$285,000.00	\$0.00	\$285,000.00	\$0.00	\$0.00	\$0.00	\$285,000.00	0%	\$66,500.00
Department 404 - Adult Detention Facility Totals		\$285,000.00	\$0.00	\$285,000.00	\$0.00	\$0.00	\$0.00	\$285,000.00	0%	\$66,500.00
EXPENSE TOTALS		\$345,000.00	\$0.00	\$345,000.00	\$0.00	\$0.00	\$0.00	\$345,000.00	0%	\$133,000.00
Fund 2301 - Public Safety Totals										
REVENUE TOTALS		.00	.00	.00	.00	.00	.00	.00	+++	.00
EXPENSE TOTALS		345,000.00	.00	345,000.00	.00	.00	.00	345,000.00	0%	133,000.00
Fund 2301 - Public Safety Totals		(\$345,000.00)	\$0.00	(\$345,000.00)	\$0.00	\$0.00	\$0.00	(\$345,000.00)		(\$133,000.00)
Fund 4140 - ADC Capital Reserve										
REVENUE										
Department 000 - Revenue										
38										
38.3014	Transfer from Public Saf	345,000.00	.00	345,000.00	.00	.00	.00	345,000.00	0	133,000.00
38 - Totals		\$345,000.00	\$0.00	\$345,000.00	\$0.00	\$0.00	\$0.00	\$345,000.00	0%	\$133,000.00
Department 000 - Revenue Totals		\$345,000.00	\$0.00	\$345,000.00	\$0.00	\$0.00	\$0.00	\$345,000.00	0%	\$133,000.00
REVENUE TOTALS		\$345,000.00	\$0.00	\$345,000.00	\$0.00	\$0.00	\$0.00	\$345,000.00	0%	\$133,000.00
Fund 4140 - ADC Capital Reserve Totals										
REVENUE TOTALS		345,000.00	.00	345,000.00	.00	.00	.00	345,000.00	0%	133,000.00
EXPENSE TOTALS		.00	.00	.00	.00	.00	.00	.00	+++	.00
Fund 4140 - ADC Capital Reserve Totals		\$345,000.00	\$0.00	\$345,000.00	\$0.00	\$0.00	\$0.00	\$345,000.00		\$133,000.00
Grand Totals										
REVENUE TOTALS		345,000.00	.00	345,000.00	.00	.00	.00	345,000.00	0%	133,000.00
EXPENSE TOTALS		345,000.00	.00	345,000.00	.00	.00	.00	345,000.00	0%	133,000.00
Grand Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

PAYMENT DATE
09/08/2020
COLLECTION STATION
TRACCT 1

RECEIVED FROM
Accounting

DESCRIPTION
090820 Accounting Covid Relief Funds

CASCADE COUNTY TREASURER'S OFFICE
(406) 454-6853 Matthew
(406) 454-6854 Jeff

BATCH NO.
2021-00000094
RECEIPT NO.
2021-00000457
CASHIER
TRS-Matthew Pfeninge

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT						
MISC	Miscellaneous CCSO 2301 101.000 Cash \$649,441.88 2301-000 33.1990 COVID-19 Federal Sources \$649,441.88	\$649,441.88						
MISC	Miscellaneous ADC 2301 101.000 Cash \$1,176,583.34 2301-000 33.1990 COVID-19 Federal Sources \$1,176,583.34	\$1,176,583.34						
MISC	Miscellaneous JDC 2870 101.000 Cash \$242,098.78 2870-000 33.1990 COVID-19 Federal Sources \$242,098.78	\$242,098.78						
Payments:	<table><tr><th>Type</th><th>Detail</th><th>Amount</th></tr><tr><td>Wire Trans</td><td></td><td>\$2,068,124.00</td></tr></table>	Type	Detail	Amount	Wire Trans		\$2,068,124.00	
Type	Detail	Amount						
Wire Trans		\$2,068,124.00						
Total Amount:		\$2,068,124.00						

Customer Copy



**MONTANA
DEPARTMENT OF
ADMINISTRATION**

State Financial Services Division
Steve Bullock, Governor
John Lewis, Director

Local Government Entity (LGE) Certification Form


For reimbursement provided to local governments by the Governor's Coronavirus Relief Fund (the Fund) contained in the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") and assistance through the Federal Emergency Management (FEMA) Public Assistance (PA) grant program.

REIMBURSEMENT REQUEST FOR COSTS INCURRED FROM MARCH 1, 2020 THROUGH JUNE 30, 2020

ALL FIELDS ARE REQUIRED

Local Government Entity (LGE) Information			
Name	Cascade County		
Address	325 2nd Ave N	City	Great Falls
		State	MT
		Zip	59401
Federal Employer Identification Number (FEIN)			
81-6001343			
Contact Information for Reimbursement Request			
Last Name	Briggs	First Name	Joe
Address	325 2nd Ave N	City	Great Falls
		State	MT
		Zip	59401
Phone	(406) 454-6815	Email	jbriggs@briggscom.com
Certification			
<input checked="" type="checkbox"/> I/we hereby certify that to my/our knowledge the LGE named above has not received reimbursement for the attached incurred costs from any federal funding source. (We recognize this application may include FEMA-eligible costs.)			
<input checked="" type="checkbox"/> I/we hereby certify that the attached information is true, complete, and accurate to the best of my/our knowledge and belief.			

THIS FORM REQUIRES SIGNATURES FROM ONE OR MORE MEMBERS OF THE GOVERNING BODY.

		
Signature	Signature	Signature
James Larson	Joe Briggs	
Name	Name	Name
Commission Chairman	Commissioner	
Title	Title	Title
08/26/20 (Revised submission)	08/26/20 (Revised submission)	
Date	Date	Date

Local Government Entity (LGE) COVID - 19 Reimbursement Form

ENTITY NAME:	Cascade County
CERTIFICATION SIGNATURE DATE:	8/26/2020 - Revised

REIMBURSEMENT REQUEST FOR COSTS INCURRED FROM MARCH 1, 2020 THROUGH JUNE 30, 2020

If you submitted an application in a previous cycle, be careful to not submit duplicate requests.

The CARES Act provides that payments may only be used to cover costs that:

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

FEMA may provide funding to eligible Applicants for: costs related to emergency protective measures conducted as a result of the COVID-19 pandemic.

Emergency protective measures are activities conducted to address immediate threats to life, public health, and safety. In general, costs related to the continuity of government may be eligible under CARES Act reimbursement; whereas, costs related to emergency operation centers (EOC) may be eligible for FEMA reimbursement.

Payroll Expenses Such As:

- all regular, overtime, and employer FICA pay (no benefits) for first responder, public safety, and public health personnel from March 12 - June 30, 2020;
- other employees - all regular, overtime, and employer FICA pay (no benefits) substantially dedicated to mitigating or responding to the COVID-19 public health emergency; substantially dedicated means the employee dedicated at least 2/3 of regular time to mitigating or responding to COVID-19, since March 1, 2020;

Medical Expenses Such As:

- COVID-19 related expenses of public hospitals, clinics, and similar facilities;
- Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs;
- Costs of providing COVID-19 testing, including serological testing;
- Emergency medical response expenses, including emergency medical transportation, related to COVID-19;
- Expenses for establishing and operating public telemedicine capabilities for COVID-19 related treatment.

Public Health Expenses Such As:

- Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19;
- Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings and other public health or safety workers in connection with the COVID-19 public health emergency;
- Expenses for disinfection of public areas and other facilities, e.g., nursing homes, in response to the COVID-19 public health emergency;
- Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19 related threats to public health and safety;
- Expenses for public safety measures undertaken in response to COVID-19;
- Expenses for quarantining individuals.

Compliance Expenses Such As:

- Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions;
- Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions;
- COVID-19 related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions;
- Reasonable expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.

Federal Emergency Management Agency (FEMA) eligible expenses such as:

- Emergency operations center activities (EOC)
- Training
- Facility disinfection
- Technical assistance on emergency management
- Dissemination of information to the public to provide warnings and guidance
- Pre-positioning or movement of supplies, equipment, or other resources
- Purchase and distribution of food, water, or ice
- Purchase and distribution of other commodities
- Security, law enforcement, barricading and patrolling
- Storage of human remains or mass mortuary services

Examples of Ineligible Expenditures:

- Expenses for the State share of Medicaid
- Damages covered by insurance
- Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency;
- Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds;
- Reimbursement to donors for donated items or services;
- Workforce bonuses and hazard pay;
- Severance pay;
- Legal settlements;
- All costs related to primary elections (including mail-in ballots, postage, etc.)
- Paid leave to keep non-essential employees on payroll
- Interoperability
- Costs already reimbursed with federal funds (other than FEMA)
- Employee benefits and employer taxes other than FICA

Reimbursement Category	Expense Category	Expense Description	Actual Non-FEMA-eligible Costs through June 30	Actual Presumptively FEMA-eligible Costs through June 30	Have Costs Been Paid For with Other Federal Funds? (Y/N)	Supporting Documentation Included (Y/N)	Estimated Future Costs July 1 - Dec 30	Total Costs (Actual Costs + Estimated Costs)	Provide Clarification or Justification for ALL Costs. FEMA costs must include a narrative with "who, what, where, why, and when."
PAYROLL EXPENSES for employees whose services are <u>substantially dedicated</u> to mitigating or responding to COVID-19									
1 (FEMA-eligible)	Additional EOC/Emergency Protective Measures	temp hire (regular time, OT, and benefits)						\$ -	Provide payroll reports/timesheets listing employee, job title, hours worked, and salary information (payroll and overtime policies required for FEMA-eligible costs)
2 (FEMA-eligible)	Existing staff OT EOC/Emergency protective measures	OT and benefits (for regular time employees)						\$ -	Provide payroll reports/timesheets listing employee, job title, hours worked, and salary information (payroll and overtime policies required for FEMA-eligible costs)
3	EMS and LE staff - Presumptively Eligible	regular and overtime pay, employer FICA (no benefits) from March 12 - June 30, 2020 (even if paid in July)	\$ 670,029		No	Y	\$ 1,608,000	\$ 2,278,029	Provide payroll reports listing employee, job title, hours worked, and salary information (timesheets not required)
4	Public Health staff - Presumptively Eligible	regular and overtime pay, employer FICA (no benefits) from March 12 - June 30, 2020 (even if paid in July)						\$ -	Provide payroll reports listing employee, job title, hours worked, and salary information (timesheets not required)
5	Dispatch staff - Presumptively Eligible	regular and overtime pay, employer FICA (no benefits) from March 12 - June 30, 2020 (even if paid in July)						\$ -	Provide payroll reports listing employee, job title, hours worked, and salary information (timesheets not required)
6	Detention staff - Presumptively Eligible	regular and overtime pay, employer FICA (no benefits) from March 12 - June 30, 2020 (even if paid in July)	\$ 1,468,186		No	Y	\$ 3,523,646	\$ 4,991,832	Provide payroll reports listing employee, job title, hours worked, and salary information (timesheets not required)
7	Other staff - Substantially dedicated - March 1 - May 31	2/3 of total hours = min 347 hrs per FT employee for time period March 1 - May 31 (even if paid in July)						\$ -	Provide payroll reports/timesheets listing employee, job title, hours worked, and salary information
8	Other staff - Substantially dedicated - June 1 - June 30	2/3 of total hours = min 117 hrs per FT employee for time period June 1 - June 30 (even if paid in July)						\$ -	Provide payroll reports/timesheets listing employee, job title, hours worked, and salary information
9	Other staff - Overtime	could apply to an employee not substantially dedicated covering for an employee out due to COVID-19 (even if paid in July)						\$ -	Provide payroll reports/timesheets listing employee, job title, hours worked, and salary information
NON-PAYROLL expenses (MEDICAL/PUBLIC HEALTH/COMPLIANCE) - including contracted staffing related to COVID-19									
10 (FEMA-eligible)	Cleaning and Disinfecting	supplies- medical supplies and commodities						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
11 (FEMA-eligible)	Cleaning and Disinfecting	additional staff or contractors to conduct increased sanitation and cleaning of equipment, facilities, vehicles						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
12	Cleaning and Disinfecting	decontamination equipment, cleaning and disinfecting						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
13 (FEMA-eligible)	Distributing Public Information	EOC dissemination of information to the public						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
14	Distributing Information	signs for closures, social distancing requirements						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
15	Distributing Information	publication costs for posting notices related to closures, social distancing requirements						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
16	Distributing Information	marketing efforts						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
17	Distributing Information	call center operations						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates

Reimbursement Category	Expense Category	Expense Description	Actual Non-FEMA-eligible Costs through June 30	Actual Presumptively FEMA-eligible Costs through June 30	Have Costs Been Paid For With Other Federal Funds? (Y/N)	Supporting Documentation Included (Y/N)	Estimated Future Costs July 1 - Dec 30	Total Costs (Actual Costs + Estimated Costs)	Provide Clarification or Justification for ALL Costs. FEMA costs must include a narrative with "who, what, where, why, and when."
18		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
19		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
20		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
21		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
22		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
23		Increased Administrative Costs						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
24	(FEMA-eligible)	Personal Protective Equipment (PPE)						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
25		Personal Protective Equipment (PPE)						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
26		Personal Protective Equipment (PPE)						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
27		Public Health						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
28		Public Health						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
29		Public Health						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
30	(FEMA-eligible)	Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
31		Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
32		Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
33		Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
34		Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
35		Social Distancing						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
36	(FEMA-eligible)	Social services						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
37		Social services						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
38		Social services						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
39		Social services						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
40	(FEMA-eligible)	Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
41	(FEMA-eligible)	Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
42		Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
43		Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
44		Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
45		Technology						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
46		Telework						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
47		Telework						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
48		Training						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
49		Training						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
50		Training						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
51		Training						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
52	Other FEMA-eligible Costs	Facility Security/Screening						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
53	Other FEMA-eligible Costs	Temporary Facilities						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
54	Other FEMA-eligible Costs	Temporary Facilities						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
55	Other FEMA-eligible Costs	Temporary Facilities						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
56	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
57	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
58	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
59	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates
60	Other	Other Costs Directly Related to Covid-19						\$ -	Justification may include: itemized invoices, receipts, and vouchers with valid dates

Reimbursement Category	Expense Category	Expense Description	Actual Non-FEMA-eligible Costs through June 30	Actual Presumptively FEMA-eligible Costs through June 30	Have Costs Been Paid For With Other Federal Funds? (Y/N)	Supporting Documentation Included (Y/N)	Estimated Future Costs July 1 - Dec 30	Total Costs (Actual Costs + Estimated Costs)	Provide Clarification or Justification for All Costs. FEMA costs must include a narrative with "who, what, where, why, and when."
61 Other	Other Costs Directly Related to Covid-19							\$ -	Justification may include itemized invoices, receipts, and vouchers with valid dates
62 Other	Other Costs Directly Related to Covid-19							\$ -	Justification may include itemized invoices, receipts, and vouchers with valid dates
63 Other	Other Costs Directly Related to Covid-19							\$ -	Justification may include itemized invoices, receipts, and vouchers with valid dates
64 Other	Other Costs Directly Related to Covid-19							\$ -	Justification may include itemized invoices, receipts, and vouchers with valid dates
65 Other	Other Costs Directly Related to Covid-19							\$ -	Justification may include itemized invoices, receipts, and vouchers with valid dates
TOTAL			\$ 2,138,215	\$ -			\$ 5,131,646	\$ 7,269,861	Justification may include itemized invoices, receipts, and vouchers with valid dates

- 70,091 not eligible

\$ 2,068,124 Total



\$ 649,442 - CCSD

\$ 1,176,583 - ADC

\$ 242,099 - JDC

The total of the funds is \$2,068,124 and the breakdown by department/office is as follows:

CCSO	\$ 649,441.88
ADC	\$ 1,176,583.77
JDC	\$ 242,098.78
	\$ 2,068,124.44

Joe Briggs
Cascade County Commissioner

From: Briggs, Joe
Sent: Wednesday, September 2, 2020 3:59 PM
To: Heikkila, Diane <dheikkila@cascadecountymt.gov>; Pfeninger, Matthew <mpfeninger@cascadecountymt.gov>; Reeves, Cory <creeves@cascadecountymt.gov>; Slaughter, Jesse <jslaughter@cascadecountymt.gov>; Shanna Bulik-Chism (<schism@cascadecountymt.gov>) <schism@cascadecountymt.gov>
Cc: Larson, James <jl Larson@cascadecountymt.gov>; Weber, Jane <jweber@cascadecountymt.gov>; Brien, Diane <dbrien@cascadecountymt.gov>
Subject: COVID reimbursement Funds Approved!

Diane, Matthew,

Please be on the watch for these funds. Our 1st request for COVID Reimbursement from the CARES Act has been approved.

Please confer with Diane Brien regarding the specific treatment of the funds when received in case something has changed since we met on this. The Commission still prefers that the funds go into each of these departments capital reserves. I not yet have a breakdown of what they denied so I do not have a specific division for the funds, but I will let you know.

Thanks,

Joe

From: State of Montana
To: Joe Briggs
Subject: Application Approved for Reimbursement - Cascade County - Governor's Coronavirus Relief Fund
Dear Joe Briggs,

The Cascade County application for the Governor's Local Government CRF Relief Fund has been approved for \$2,068,124 and will be processed for payment within 7 business days.

\$70,091 in payroll costs not eligible.

If you have questions about your reimbursement, please contact the Department of Administration - Local Government Services Bureau at lgsportalregistration@mt.gov.

Sincerely,
The State of Montana

September 22, 2020

Contract 20-148

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Acceptance of 2020 State Homeland Security
Program Tactical Night Vision Project

INITATED AND PRESENTED BY: Captain Scott Van Dyken, CCSO

ACTION REQUESTED: Approval of Contract 20-148

BACKGROUND:

The Cascade County Sheriff's Office applied through the Montana Disaster and Emergency Services (MT DES) for financial assistance through the State Homeland Security Program. The application specifically requested fund for the Tactical Night Vision Project. The CCSO was approved for \$172,616.28. The CCSO is not required to match this award with any amount of non-Federal funds. Before the CCSO receives any of the Federal Funds awarded, acceptance of the award must be established. The State Grant Number for this award is 20HS-Cascade-TNV.

TERM: October 1, 2020 – September 30, 2021

AMOUNT: \$172,616.28

RECOMMENDATION: Approval of Contract 20-148

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE:

Mr. Chair, I move that the Commissioners **APPROVE** Contract 20-148, Acceptance of 2020 State Homeland Security Program Tactical Night Vision Project.

MOTION TO DISAPPROVE:

Mr. Chair, I move that the Commissioners **DISAPPROVE** Contract 20-148, Acceptance of 2020 State Homeland Security Program Tactical Night Vision Project.



State Homeland Security Program (SHSP)

FY 20 Award Letter

James L. Larson
Cascade County Sheriffs Office
3800 Ulm North Frontage Road
Great Falls, MT 59404,

Commissioner James L. Larson ,

Congratulations, on behalf of Montana Disaster and Emergency Services (MT DES), the application for financial assistance submitted under the Fiscal Year (FY) 2020 State Homeland Security Program, Tactical Night Vision Project, has been approved in the amount of \$172,616.28. Cascade County Sheriffs Office is not required to match this award with any amount of non-Federal funds.

Before Cascade County Sheriffs Office requests and receives any of the Federal funds awarded, acceptance of the award must be established. By accepting this award, Cascade County Sheriffs Office acknowledges that the terms of the following documents are incorporated into the terms of this award:

- Agreement Articles (attached to this Award Letter)
- Nationwide Cybersecurity Review Requirement
- Obligating Document for Award (attached to this Award Letter)
- FY 20 Homeland Security Grant Program Notice of Funding Opportunity

Please make sure you read, understand, and maintain a copy of these documents in your official file for this award.

Per the Notice of Funding Opportunity (NOFO), all sub-recipients are required to complete the Nationwide Cybersecurity Review, see Agreement Article XLVII. MT DES will provide more guidance upon release from DHS.

Please make sure you read, understand, and maintain a copy of these documents in the official file for this award. In order to establish acceptance of the award and its terms, please complete, sign and return the Obligating Document for Award to your MT DES Grant Coordinator.

For additional assistance, please contact your MT DES Grant Coordinator.

Delila Bruno
Administrator
Montana Disaster and Emergency Services

CC Scott Van Dyken



AGREEMENT ARTICLES
State Homeland Security Program

SUB-RECIPIENT: Cascade County Sheriffs Office
PROGRAM: State Homeland Security Program
STATE GRANT NUMBER: 20HS-Cascade-TNV

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Article I - Summary Description of Award

The purpose of the FY 2020 HSGP is to support state and local efforts to prevent terrorism and other catastrophic events and to prepare the Nation for the threats and hazards that pose the greatest risk to the security of the United States. The HSGP provides funding to implement investments that build, sustain, and deliver the 32 core capabilities essential to achieving the National Preparedness Goal of a secure and resilient Nation. Among the five basic homeland security missions noted in the DHS Quadrennial Homeland Security Review, HSGP supports the goal to Strengthen National Preparedness and Resilience. The building, sustainment, and delivery of these core capabilities are not exclusive to any single level of government, organization, or community, but rather, require the combined effort of the whole community

Article II - Acceptance of Post Award Changes

In the event FEMA determines that changes are necessary to the award document after an award has been made, including changes to period of performance or terms and conditions, recipients will be notified of the changes in writing. Once notification has been made, any subsequent request for funds will indicate recipient acceptance of the changes to the award. Please call the FEMA/GMD Call Center at (866) 927-5646 or via e-mail to ASK-GMD@dhs.gov if you have any questions.

Article III - Prior Approval for Modification of Approved Budget

Before making any change to the DHS/FEMA approved budget for this award, you must request prior written approval from DHS/FEMA where required by 2 C.F.R. Section 200.308. DHS/FEMA is also utilizing its discretion to impose an additional restriction under 2 C.F.R. Section 200.308(e) regarding the transfer of funds among direct cost categories, programs, functions, or activities. Therefore, for awards with an approved budget where the Federal share is greater than the simplified acquisition threshold (currently \$250,000), you may not transfer funds among direct cost categories, programs, functions, or activities without prior written approval from DHS/FEMA where the cumulative amount of such transfers exceeds or is expected to exceed ten percent (10%) of the total budget DHS/FEMA last approved. You must report any deviations from your DHS/FEMA approved budget in the first Federal Financial Report (SF-425) you submit following any budget deviation, regardless of whether the budget deviation requires prior written approval.

Article IV - Disposition of Equipment Acquired Under the Federal Award

When original or replacement equipment acquired under this award by the recipient or its sub-recipients is no longer needed for the original project or program or for other activities currently or previously supported by DHS/FEMA, you must request instructions from DHS/FEMA to make proper disposition of the equipment pursuant to 2 C.F.R. Section 200.313.

Article V - Assurances, Administrative Requirements, Cost Principles, Representation and Certifications

DHS financial assistance recipients must complete either the Office of Management and Budget (OMB) Standard Form 424B Assurances - Non-Construction Programs, or OMB Standard Form 424D Assurances - Construction Programs, as applicable. Certain assurances in these documents may not be applicable to your program, and the DHS financial assistance office (DHS FAO) may require applicants to certify additional assurances. Applicants are required to fill out the assurances applicable to their program as instructed by the awarding agency. Please contact the DHS FAO if you have any questions.

DHS financial assistance recipients are required to follow the applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards located at Title 2, Code of Federal Regulations (C.F.R.) Part 200, and adopted by DHS at 2 C.F.R. Part 3002.

Article VI - DHS Specific Acknowledgements and Assurances

All recipients, subrecipients, successors, transferees, and assignees must acknowledge and agree to comply with applicable provisions governing DHS access to records, accounts, documents, information, facilities, and staff.

1. Recipients must cooperate with any compliance reviews or compliance investigations conducted by DHS.
2. Recipients must give DHS access to, and the right to examine and copy, records, accounts, and other documents and sources of information related to the federal financial assistance award and permit access to facilities, personnel, and other individuals and information as may be necessary, as required by DHS regulations and other applicable laws or program guidance.
3. Recipients must submit timely, complete, and accurate reports to the appropriate DHS officials and maintain appropriate backup documentation to support the reports.
4. Recipients must comply with all other special reporting, data collection, and evaluation requirements, as prescribed by law or detailed in program guidance.
5. Recipients of federal financial assistance from DHS must complete the *DHS Civil Rights Evaluation Tool* within thirty (30) days of receipt of the Notice of Award or, for State Administering Agencies, thirty (30) days from receipt of the DHS Civil Rights Evaluation Tool from DHS or its awarding component agency. Recipients are required to provide this information once every two (2) years, not every time an award is made. After the initial submission for the first award under which this term applies, recipients are only required to submit updates every two years, not every time a grant is awarded. Recipients should submit the completed tool, including supporting materials, to CivilRightsEvaluation@hq.dhs.gov. This tool clarifies the civil rights obligations and related reporting requirements contained in the DHS Standard Terms and Conditions. Subrecipients are not required to complete and submit this tool to DHS. The evaluation tool can be found at <https://www.dhs.gov/publication/dhs-civil-rights-evaluation-tool>.

Article VII - Acknowledgement of Federal Funding from DHS

Recipients must acknowledge their use of federal funding when issuing statements, press releases, requests for proposal, bid invitations, and other documents describing projects or programs funded in whole or in part with federal funds.

Article VIII - Activities Conducted Abroad

Recipients must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.

Article IX - Age Discrimination Act of 1975

Recipients must comply with the requirements of the *Age Discrimination Act of 1975*, Pub. L. No. 94-135 (1975) (codified as amended at Title 42, U.S. Code, section 6101 *et seq.*), which prohibits discrimination on the basis of age in any program or activity receiving federal financial assistance.

Article X - Americans with Disabilities Act of 1990

Recipients must comply with the requirements of Titles I, II, and III of the *Americans with Disabilities Act*, Pub. L. No. 101-336 (1990) (codified as amended at 42 U.S.C. sections 12101-12213), which prohibits recipients from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities.

Article XI - Best Practices for Collection and Use of Personally Identifiable Information (PII)

Recipients who collect PII are required to have a publicly available privacy policy that describes standards on the usage and maintenance of the PII they collect. DHS defines personally identifiable information (PII) as any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual. Recipients may also find the DHS Privacy Impact Assessments: Privacy Guidance and Privacy Template as useful resources respectively.

Article XII - Civil Rights Act of 1964 - Title VI

Recipients must comply with the requirements of Title VI of the *Civil Rights Act of 1964* (codified as amended at 42 U.S.C. section 2000d *et seq.*), which provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. DHS implementing regulations for the Act are found at 6 C.F.R. Part 21 and 44 C.F.R. Part 7.

Article XIII - Civil Rights Act of 1968

Recipients must comply with Title VIII of the *Civil Rights Act of 1968*, Pub. L. No. 90-284, as amended through Pub. L. 113-4, which prohibits recipients from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex (see 42 U.S.C. section 3601 *et seq.*), as implemented by the U.S. Department of Housing and Urban Development at 24 C.F.R. Part 100. The prohibition on disability discrimination includes the requirement that new multifamily housing with four or more dwelling units- i.e., the public and common use areas and individual apartment units (all units in buildings with elevators and ground-floor units in buildings without elevators)- be designed and constructed with certain accessible features. (See 24 C.F.R. Part 100, Subpart D.)

Article XIV - Copyright

Recipients must affix the applicable copyright notices of 17 U.S.C. sections 401 or 402 and an acknowledgement of U.S. Government sponsorship (including the award number) to any work first produced under federal financial assistance awards.

Article XV - Debarment and Suspension

Recipients are subject to the non-procurement debarment and suspension regulations implementing Executive Orders (E.O.) 12549 and 12689, which are at 2 C.F.R. Part 180 as adopted by DHS at 2 C.F.R. Part 3000. These regulations restrict federal financial assistance awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities.

Article XVI - Drug-Free Workplace Regulations

Recipients must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an

individual) of 2

C.F.R. Part 3001, which adopts the Government-wide implementation (2 C.F.R. Part 182) of sec. 5152-5158 of the *Drug-Free Workplace Act of 1988* (41 U.S.C. sections 8101-8106).

Article XVII - Duplication of Benefits

Any cost allocable to a particular federal financial assistance award provided for in 2 C.F.R. Part 200, Subpart E may not be charged to other federal financial assistance awards to overcome fund deficiencies; to avoid restrictions imposed by federal statutes, regulations, or federal financial assistance award terms and conditions; or for other reasons. However, these prohibitions would not preclude recipients from shifting costs that are allowable under two or more awards in accordance with existing federal statutes, regulations, or the federal financial assistance award terms and conditions.

Article XVIII - Education Amendments of 1972 (Equal Opportunity in Education Act) - Title IX

Recipients must comply with the requirements of Title IX of the *Education Amendments of 1972*, Pub. L. No. 92-318 (1972) (codified as amended at 20 U.S.C. section 1681 *et seq.*), which provide that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. DHS implementing regulations are codified at 6 C.F.R. Part 17 and 44 C.F.R. Part 19

Article XIX - Energy Policy and Conservation Act

Recipients must comply with the requirements of the *Energy Policy and Conservation Act*, Pub. L. No. 94- 163 (1975) (codified as amended at 42 U.S.C. section 6201 *et seq.*), which contain policies relating to energy efficiency that are defined in the state energy conservation plan issued in compliance with this Act.

Article XX - False Claims Act and Program Fraud Civil Remedies

Recipients must comply with the requirements of the *False Claims Act*, 31 U.S.C. sections 3729-3733, which prohibits the submission of false or fraudulent claims for payment to the federal government. (See 31 U.S.C. sections 3801-3812, which details the administrative remedies for false claims and statements made.)

Article XXI - Federal Debt Status

All recipients are required to be non-delinquent in their repayment of any federal debt. Examples of relevant debt include delinquent payroll and other taxes, audit disallowances, and benefit overpayments. (See OMB Circular A-129.)

Article XXII - Federal Leadership on Reducing Text Messaging while Driving

Recipients are encouraged to adopt and enforce policies that ban text messaging while driving as described in E.O. 13513, including conducting initiatives described in Section 3(a) of the Order when on official government business or when performing any work for or on behalf of the federal government.

Article XXIII - Fly America Act of 1974

Recipients must comply with Preference for U.S. Flag Air Carriers (air carriers holding certificates under 49 U.S.C. section 41102) for international air transportation of people and property to the extent that such service is available, in accordance with the *International Air Transportation Fair Competitive Practices Act of 1974*, 49 U.S.C. section 40118, and the interpretative guidelines issued by the Comptroller General of the United States in the March 31, 1981, amendment to Comptroller General Decision B-138942.

Article XXIV - Hotel and Motel Fire Safety Act of 1990

In accordance with Section 6 of the *Hotel and Motel Fire Safety Act of 1990*, 15 U.S.C. section 2225a, recipients must ensure that all conference, meeting, convention, or training space funded in whole or in part with federal funds complies with the fire prevention and control guidelines of the *Federal Fire Prevention and Control Act of 1974*, codified as amended at 15 U.S.C. section 2225.

Article XXV - Limited English Proficiency (Civil Rights Act of 1964, Title VI)

Recipients must comply with the *Title VI of the Civil Rights Act of 1964* (42 U.S.C. section 2000d *et seq.*) prohibition against discrimination on the basis of national origin, which requires that recipients of federal financial assistance take reasonable steps to provide meaningful access to persons with limited English proficiency (LEP) to their programs and services. For additional assistance and information regarding language access obligations, please refer to the DHS Recipient Guidance: <https://www.dhs.gov/guidance-published-help-department-supported-organizations-provide-meaningful-access-people-limited> and additional resources on <http://www.lep.gov>.

Article XXVI - Lobbying Prohibitions

Recipients must comply with 31 U.S.C. section 1352, which provides that none of the funds provided under a federal financial assistance award may be expended by the recipient to pay any person to influence, or attempt to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any federal action related to a federal award or contract, including any extension, continuation, renewal, amendment, or modification.

Article XXVII - National Environmental Policy Act

Recipients must comply with the requirements of the *National Environmental Policy Act of 1969*, Pub. L. No. 91-190 (1970) (codified as amended at 42 U.S.C. section 4321 *et seq.*) (NEPA) and the Council on Environmental Quality (CEQ) Regulations for Implementing the Procedural Provisions of NEPA, which requires recipients to use all practicable means within their authority, and consistent with other essential considerations of national policy, to create and maintain conditions under which people and nature can exist in productive harmony and fulfill the social, economic, and other needs of present and future generations of Americans.

Article XXVIII - Nondiscrimination in Matters Pertaining to Faith-Based Organizations

It is DHS policy to ensure the equal treatment of faith-based organizations in social service programs administered or supported by DHS or its component agencies, enabling those organizations to participate in providing important social services to beneficiaries. Recipients must comply with the equal treatment policies and requirements contained in 6 C.F.R. Part 19 and other applicable statutes, regulations, and guidance governing the participations of faith-based organizations in individual DHS programs.

Article XXIX - Non-Supplanting Requirement

Recipients receiving federal financial assistance awards made under programs that prohibit supplanting by law must ensure that federal funds do not replace (supplant) funds that have been budgeted for the same purpose through non-federal sources.

Article XXX - Notice of Funding Opportunity Requirements

All of the instructions, guidance, limitations, and other conditions set forth in the Notice of Funding Opportunity (NOFO) for this program are incorporated here by reference in the award terms and conditions. All recipients must comply with any such requirements set forth in the program NOFO.

Article XXXI - Patents and Intellectual Property Rights

Unless otherwise provided by law, recipients are subject to the *Bayh-Dole Act*, 35 U.S.C. section 200 *et seq.* Recipients are subject to the specific requirements governing the development, reporting, and disposition of rights to inventions and patents resulting from federal financial assistance awards located at 37 C.F.R. Part 401 and the standard patent rights clause located at 37 C.F.R. section 401.14.

Article XXXII - Procurement of Recovered Materials

States, political subdivisions of states, and their contractors must comply with Section 6002 of the *Solid Waste Disposal Act*, Pub. L. No. 89-272 (1965) (codified as amended by the *Resource Conservation and Recovery Act*, 42 U.S.C. section 6962. The requirements of Section 6002 include procuring only items designated in guidelines of the

Environmental Protection Agency (EPA) at 40 C.F.R. Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition.

Article XXXIII - Rehabilitation Act of 1973

Recipients must comply with the requirements of Section 504 of the *Rehabilitation Act of 1973*, Pub. L. No. 93-112 (1973) (codified as amended at 29 U.S.C. section 794), which provides that no otherwise qualified handicapped individuals in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Article XXXIV - Reporting of Matters Related to Recipient Integrity and Performance

If the total value of any currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then the recipients must comply with the requirements set forth in the government-wide Award Term and Condition for Recipient Integrity and Performance Matters located at 2 C.F.R. Part 200, Appendix XII, the full text of which is incorporated here by reference in the award terms and conditions.

Article XXXV - Reporting Subawards and Executive Compensation

Recipients are required to comply with the requirements set forth in the government-wide award term on Reporting Subawards and Executive Compensation located at 2 C.F.R. Part 170, Appendix A, the full text of which is incorporated here by reference in the award terms and conditions.

Article XXXVI - SAFECOM

Recipients receiving federal financial assistance awards made under programs that provide emergency communication equipment and its related activities must comply with the SAFECOM Guidance for Emergency Communication Grants, including provisions on technical standards that ensure and enhance interoperable communications.

Article XXXVII - Terrorist Financing

Recipients must comply with E.O. 13224 and U.S. laws that prohibit transactions with, and the provisions of resources and support to, individuals and organizations associated with terrorism. Recipients are legally responsible to ensure compliance with the Order and laws.

Article XXXVIII - Trafficking Victims Protection Act of 2000

Recipients must comply with the requirements of the government-wide financial assistance award term which implements Section 106(g) of the *Trafficking Victims Protection Act of 2000* (TVPA), codified as amended at 22 U.S.C. Section 7104. The award term is located at 2 C.F.R. Section 175.15, the full text of which is incorporated here by reference.

Article XXXIX - Universal Identifier and System for Award Management

Recipients are required to comply with the requirements set forth in the government-wide financial assistance award term regarding the System for Award Management and Universal Identifier Requirements located at 2 C.F.R. Part 25, Appendix A, the full text of which is incorporated here by reference.

Article XL - USA Patriot Act of 2001

Recipients must comply with requirements of Section 817 of the *Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001* (USA PATRIOT Act), which amends 18 U.S.C. sections 175-175c.

Article XLI - Use of DHS Seal, Logo and Flags

Recipients must obtain permission from their DHS FAO prior to using the DHS seal(s), logos, crests or reproductions

of flags or likenesses of DHS agency officials, including use of the United States Coast Guard seal, logo, crests or reproductions of flags or likenesses of Coast Guard officials.

Article XLII - Whistleblower Protection Act

Recipients must comply with the statutory requirements for whistleblower protections (if applicable) at 10 U.S.C. section 2409, 41 U.S.C. section 4712, and 10 U.S.C. section 2324, 41 U.S.C. sections 4304 and 4310.

Article XLIII - Environmental Planning and Historic Preservation

DHS/FEMA funded activities that may require an EHP review are subject to FEMA's Environmental Planning and Historic Preservation (EHP) review process. This review does not address all federal, state, and local requirements. Acceptance of federal funding requires recipient to comply with all federal, state, and local laws. Failure to obtain all appropriate federal, state, and local environmental permits and clearances may jeopardize federal funding.

DHS/FEMA is required to consider the potential impacts to natural and cultural resources of all projects funded by DHS/ FEMA grant funds, through its EHP Review process, as mandated by the National Environmental Policy Act; National Historic Preservation Act of 1966, as amended; National Flood Insurance Program regulations; and, any other applicable laws and Executive Orders. To access the FEMA's EHP screening form and instructions, go to the DHS/FEMA website at: [https:// www.fema.gov/media-library/assets/documents/90195](https://www.fema.gov/media-library/assets/documents/90195). In order to initiate EHP review of your project(s), you must complete all relevant sections of this form and submit it to the Grant Programs Directorate (GPD) along with all other pertinent project information. Failure to provide requisite information could result in delays in the release of grant funds.

If ground disturbing activities occur during construction, applicant will monitor ground disturbance, and if any potential archeological resources are discovered, applicant will immediately cease work in that area and notify the pass-through entity, if applicable, and DHS/FEMA.

Article XLIV - MT DES Specific Acknowledgements and Assurances

Sub-recipients must acknowledge and agree to comply with applicable provisions governing MT DES access to records, accounts, documents, information, facilities, and staff.

1. Sub-recipients must cooperate with any compliance reviews or compliance investigations conducted by MT DES.
2. Sub-recipients must give MT DES access to, and the right to examine and copy, records, accounts, and other documents and sources of information related to the federal financial assistance award and permit access to facilities, personnel, and other individuals and information as may be necessary, as required by MT DES regulations and other applicable laws or program guidance.
3. Sub-recipients must submit timely, complete, and accurate reports to the appropriate MT DES officials and maintain appropriate backup documentation to support the reports.
4. Sub-recipients must comply with all other special reporting, data collection, and evaluation requirements, as prescribed by law or detailed in program guidance.
5. The State of Montana shall not be liable for any reimbursement amount greater than the award amount available to each sub-recipient.
6. Failure of the sub-recipient to accomplish SHSP objectives may result in the reduction or withholding of funds, or other action, as determined by MT DES.

The State of Montana has the right to seek judicial enforcement of these obligations.

Article XLV - Accruals

As established within Montana Operations Manual Policy, accrual documentation is required of all sub-

recipients by the Montana Department of Administration, State Financial Services Division, and must be submitted to MT DES no later than the second week of June, or as instructed by MT DES.

Article XLVI – Authorized Representative

As evidenced by the signatures found in the Letter of Obligation, the Sub-Recipient Signatory Official agrees to appoint the Sub-Recipient Authorized Representative to act on behalf of Cascade County Sheriffs Office. This individual shall be duly authorized with all necessary powers with regard to the administration and oversight of the 2020 State Homeland Security Program grant, 20HS-Cascade-TNV. The Catalog of Federal Domestic Assistance (CFDA) number associated with this grant is 97.067.

Article XLVII - Nationwide Cybersecurity Review

Recipients and subrecipients of FY 2020 grant awards will be required to complete the 2020 Nationwide Cybersecurity Review (NCSR), enabling agencies to benchmark and measure progress of improving their cybersecurity posture. The Chief Information Officer (CIO), Chief Information Security Officer (CISO), or equivalent for each recipient and subrecipient should complete the NCSR. If there is no CIO or CISO, the most senior cybersecurity professional should complete the assessment. The NCSR is available at no cost to the user and takes approximately 2-3 hours to complete. The 2020 NCSR will be open from October – December 2020.

REQUIRED

NATIONWIDE CYBERSECURITY REVIEW (NCSR)

Per the FY20 Homeland Security Grant Program (HSGP) Notice of Funding Opportunity (NOFO), recipients and sub-recipients for the FY20 State Homeland Security Program (SHSP) award are required to complete the 2020 Nationwide Cybersecurity Review (NCSR) between October 1, 2020 - December 31, 2020. As part of this effort, the attached materials are being provided to increase awareness and understanding of this new requirement, as well as support for registration and completion of the NCSR.

The attached contains the following materials:

1. **Instructions** – Guide on how to register for the NCSR and report completion.
2. **NCSR One Page Overview** – Where to register, benefits of completion, and resources for support including a link to register for the upcoming 9/20 NCSR webinar.
3. **NCSR General User Guide** – Step-by-step instructions on how to register for the NCSR, track progress and completion, and utilize the results reports.
4. **NCSR Frequently Asked Questions** – Answers to common questions about the NCSR such as requirements, logistics, and privacy.
5. **Exporting the NCSR Completion Certification** – A documented process on how to access and export the 2020 NCSR Completion Certification, for an end user to communicate with their SAA or UASI POC.

If you have any questions related to the attached materials, administrative/technical questions about the NCSR, please contact the Multi-State Information Sharing and Analysis Center (MS-ISAC) at NCSR@cisecurity.org



NCSR 2020
August 1 – December 31

Overview

The Nationwide Cybersecurity Review (NCSR) is a no-cost, anonymous, annual self-assessment that is designed to measure gaps and capabilities of state, local, tribal and territorial (SLTT) governments' cybersecurity programs.

The NCSR is aligned to the National Institute of Standards and Technology (NIST) Cybersecurity Framework (CSF). The CSF provides a common language for understanding, managing, and expressing cybersecurity risk. It can be used to help identify and prioritize actions for reducing cybersecurity risk, and align policy, business, and technological approaches to managing risk. Learn more at <https://www.nist.gov/cyberframework/framework>.

Register for the NCSR

To register for the 2020 NCSR, please visit <https://www.cisecurity.org/ms-isac/services/ncsr/>

Benefits

- Receive metrics specific to your organization to identify gaps and develop a benchmark to gauge year-to-year progress, as well as anonymously measure your results against your peers.
- Attain reporting in order to prioritize the "next steps" towards cybersecurity improvement, based on area of deficiency.
- Obtain resources and services that can help you fulfill the desired steps towards cybersecurity improvement.
- For HIPAA-compliant agencies, translate your NCSR scores to the HIPAA Security Rule scores of an automatic self-assessment tool.
- Gain access to a repository of informative references, such as NIST 800-53, COBIT, and the CIS Controls that can assist in managing cybersecurity risk.
- Fulfill the NCSR assessment requirement for the Homeland Security Grant Program (HSGP). Additional information located here: <https://www.fema.gov/homeland-security-grant-program>
- Nationally, aggregate NCSR data provides a baseline, foundational understanding of SLTT cybersecurity posture to help drive policy, governance and resource allocation.
- Results enable Federal partners to better understand the status quo and engage in more strategic, cyber-specific planning and preparedness to help manage national risk and improve SLTT core capabilities.

Learn more about the NCSR

Get an overview of the NCSR and learn about the benefits in the recorded webinar here: [Overview & Benefits of the Nationwide Cybersecurity Review \(NCSR\)](#)

Questions

For administrative and technical questions about the NCSR, please contact the Multi-State Information Sharing and Analysis Center* (MS-ISAC*) at ncsr@cisecurity.org.

NCSR General User Guide



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Data Reporting Template & Additional Resources 12

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Introduction Welcome to the Nationwide Cybersecurity Review (NCSR) Portal! This guide will provide you with the information needed to navigate the platform, review your results, and export your data.

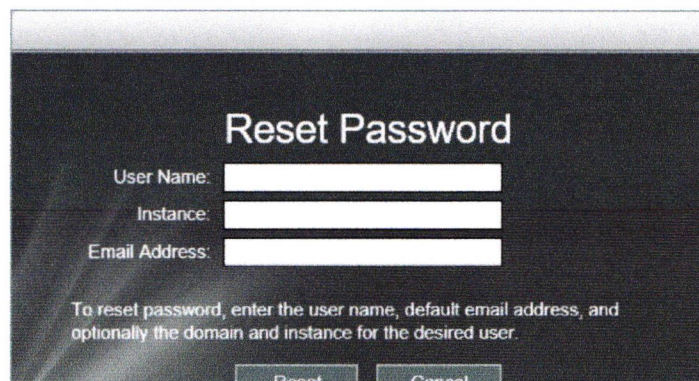
Signing On

- To access the NCSR portal, please visit the following link: <https://grc.archer.rsa.com>
- You will then enter your credentials and use the provided Instance Number: 20244

A screenshot of the 'User Login' form. The form has a dark background with a light gray header. The title 'User Login' is centered at the top. Below the title, there are three input fields labeled 'User Name:', 'Instance:', and 'Password:'. To the right of each label is a white rectangular input box. Below these fields is a 'Login' button. In the bottom right corner, there is a link '> Display Domain'.

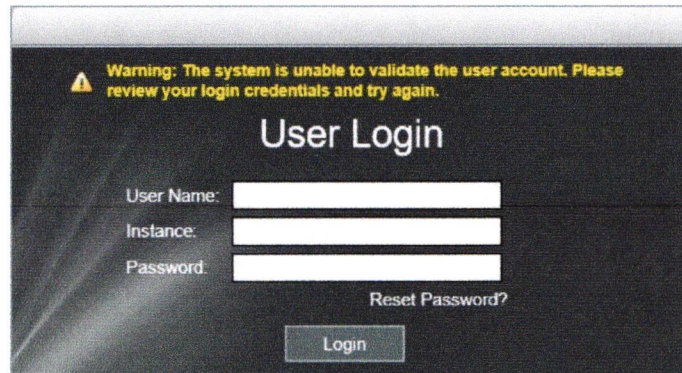
New Users

For a new user logging in for the first time, the system will say your password has expired. You will then be prompted to create a new password of your choosing. The new password will need to be at a minimum 8 characters long, contain a lowercase letter, uppercase letter, and a special character.

A screenshot of the 'Reset Password' form. The form has a dark background with a light gray header. The title 'Reset Password' is centered at the top. Below the title, there are three input fields labeled 'User Name:', 'Instance:', and 'Email Address:'. To the right of each label is a white rectangular input box. Below these fields, there is a paragraph of text: 'To reset password, enter the user name, default email address, and optionally the domain and instance for the desired user.' At the bottom of the form, there are two buttons: 'Reset' and 'Cancel'.

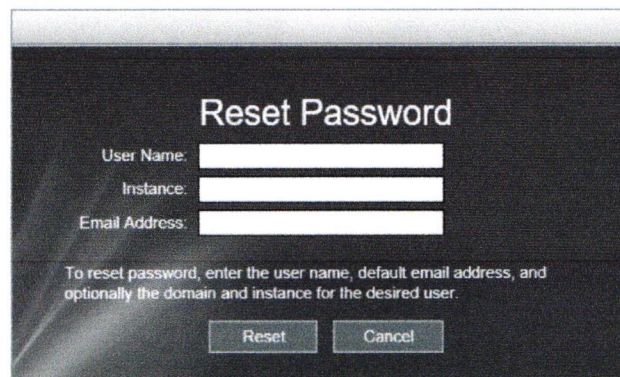
Password Reset for Returning Users

If you do not remember an established password, or would like to proactively reset the password, then enter random characters in the "Password" field and attempt the login. After entering an incorrect password, you will receive the below message. In this view, select the option for "Reset Password?"



A screenshot of a 'User Login' window. At the top, a yellow warning icon is followed by the text: 'Warning: The system is unable to validate the user account. Please review your login credentials and try again.' Below this, the title 'User Login' is centered. There are three input fields labeled 'User Name:', 'Instance:', and 'Password:'. To the right of the 'Password:' field is a link that says 'Reset Password?'. At the bottom center is a 'Login' button.

The following will appear, and you will enter your User Name and Instance of 20244. Also, you will need to enter your Email Address, so a temporary password can be sent to you:



A screenshot of a 'Reset Password' window. The title 'Reset Password' is centered. There are three input fields labeled 'User Name:', 'Instance:', and 'Email Address:'. Below these fields is a paragraph of text: 'To reset password, enter the user name, default email address, and optionally the domain and instance for the desired user.' At the bottom are two buttons: 'Reset' and 'Cancel'.

Once the User Name, Instance, and Email Address are entered, select the option for "Reset".

An email will be sent to the given email address, with a temporary password. The email will come from an automated no-reply address.



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NCSR General User Dashboard

Welcome to the Nationwide Cybersecurity Review

Welcome to the Nationwide Cybersecurity Review (NCSR), proudly brought to you by the Multi-State Information Sharing and Analysis Center (MS-ISAC) and the US Department of Homeland Security (DHS). This dashboard provides a general overview of the NIST Cybersecurity Framework functions and categories, the response scale used to answer the assessment, as well as key links to access reports displaying your organization's results, select the dropdown section named "NCSR GENERAL USER" on the upper left-hand side of this home page. The dropdown will then display report options such as "Current NCSR Results" and "Year to Year Results". The right-hand side of this homepage has a link named "NCSR Overview & End-User Resources/Guidance", which can help with the "next steps" for your organization after completing the NCSR.

Take the NCSR

Questionnaire ID	Year	Organization	Progress Status
682349	2020	2020 Test Account	<div></div>

Click: 1 of 1 (1 complete)

NCSR Links - Resources & "Next Steps" Guidance

- [NCSR Overview & End-User Resources/Guidance](#)
- [NIST Cybersecurity Framework Overview](#)
- [SANS Information Security Policy Templates](#)

Instructions - Taking the NCSR

To take the NCSR, click on the **Questionnaire ID** link under the section "Take the NCSR" on the right-hand side of this page.

Helpful Hints

Accessing Your Reports & Helpful Hints

- To return to this home page (NCSR General User Dashboard) at any time, click on the **home** icon on the top left-hand side of this portal.
- Reports displaying your results can be accessed using the dropdown area named "NCSR GENERAL USER" in the upper left-hand side of this home page. The dropdown will then display report options such as "Current NCSR Results".
- Each report has drill down capabilities, so don't hesitate to explore!
- While completing the NCSR, we suggest continuously saving your work by clicking on the **Save and Close** or the **Save and Continue** buttons located at the bottom of the screen.
- Please note:** The Peer Profile results are not displayed until the NCSR is officially

Contact Us

If you have any questions or issues regarding the NCSR, please contact the NCSR team at:

- Email: NCSRHQ@csisecurity.org
- Phone: [Redacted]

Maturity Levels

Score: [Redacted] The recommended minimum maturity level is set at a score of 5.

This dashboard provides a general overview of the NIST Cybersecurity Framework Functions and Categories, the response scale used to answer the assessment, along with key links.

Accessing the Questionnaire

Under the NCSR General User Dashboard, there is a section named "Take the NCSR" on the upper right-hand corner. Select the hyperlink under the column named "Questionnaire ID".

Take the NCSR

Questionnaire ID	Year	Organization	Progress Status
682349	2020	2020 Test Account	<div></div>

Enlarged View:

Take the NCSR

Questionnaire ID	Year	Organization	Progress Status
682349	2020	2020 Test Account	<div></div>

Once in the questionnaire, use the tabs to navigate through the assessment.

Demographics	Identify	Protect	Detect	Respond	Recover	Privacy	Cybersecurity Automation & Orchestration Capabilities	Post Survey Questions
--------------	----------	---------	--------	---------	---------	---------	---	-----------------------

To save any edits to your questionnaire, use the Save option in the upper left side of your screen:

EDIT	VIEW	SAVE	SAVE AND CLOSE
------	------	------	----------------

Once completely finalized, be sure that your "Progress" field shows that all questions are complete. Example:

Progress: 144 of 144 Completed

To officially submit the questionnaire, select the "Submit" option in the "Submit Self- Assessment" section.

▼ SUBMIT SELF-ASSESSMENT	
<small>Submit Self-Assessment: Please note: It's important to make sure the survey is completed in full prior to changing the status to "Submit". Once the status is changed, your findings are generated and the survey is locked.</small>	<small>Submit</small>

Please note, once you change the status to "Submit", your questionnaire is locked and a majority of the reports are generated.



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Reviewing Your Organization's General Information

GENERAL INFORMATION	
Questionnaire ID: 682349	Year: 2020
Organization: 2020 Test Account	Due Date: 12/31/2020
Progress: 0 of 141 Completed	What does your organization need to comply with? (Can select multiple answers below)
Progress Status: <div><div></div></div> 0%	Compliance Drivers: <input type="checkbox"/> CJIS <input type="checkbox"/> FERPA <input checked="" type="checkbox"/> HIPAA <input type="checkbox"/> IRS 1075 <input type="checkbox"/> PCI <input type="checkbox"/> SSA <input type="checkbox"/> N/A

Within the questionnaire, under General Information, click on your organization's name.

This will bring you to an area that houses all of your organization's General Information, such as:

- Organization, Org ID, Org Users, Entity Type, State of Origin, Compliance Drivers, Years Participated, Division, and Industry.

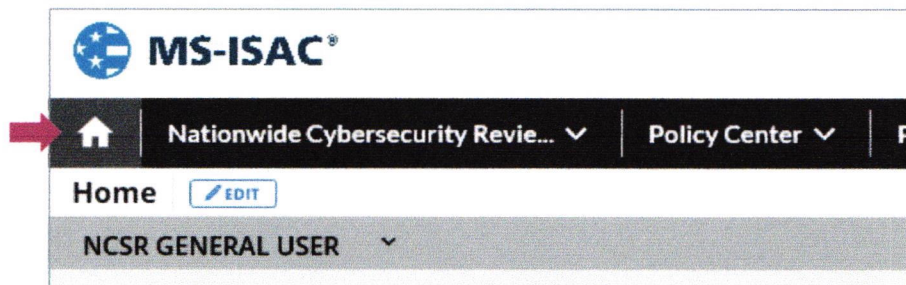
You can utilize the displayed tabs to navigate a previous year's questionnaire and current profile.

Current Profile	Peer Profiles	2015 & 2016 NCSR Self-Assessment	2017 NCSR Self-Assessment	2018, 2019 & 2020 NCSR Self-Assessment
-----------------	---------------	----------------------------------	---------------------------	--

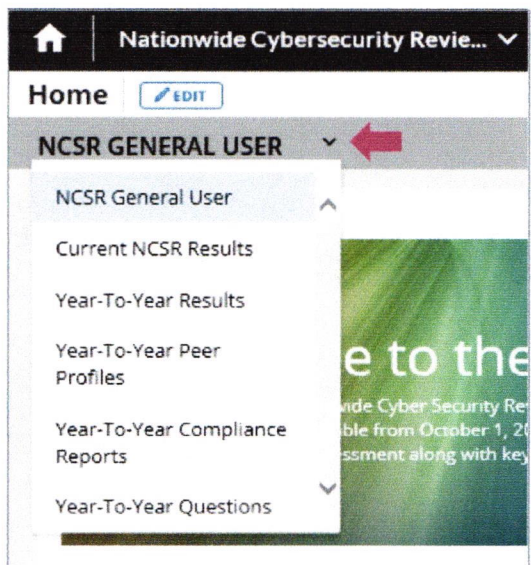


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Accessing Your Results To access your reports, click on the home icon in the upper left-hand corner.



This will bring you back to the NCSR General User Dashboard, which includes a dropdown listing of additional dashboards. Please note, the listing of dashboards below will show data from NCSR's completed in past years, until the 2020 NCSR is completed.



Dashboard Option with Applicable Reports

NCSR General User: Gives a general overview of the NIST Cybersecurity Functions and Categories, the response scale used to answer the survey, and key links.

Current NCSR Results: Provides your organization's current NCSR results across the NIST Cybersecurity Framework Functions and Categories. Please note, once your 2020 survey's progress status reaches 100% and you submit your survey, your previous year's results will be replaced with your 2020 results.

Year-To-Year Results: Provides your year-to-year NCSR results across the NIST Cybersecurity Functions and Categories.

Year-To-Year Peer Profiles: Provides your year-to-year NCSR results across the NIST Cybersecurity Functions and Categories in comparison to your peers. Your peer groups are based on your Entity Type and Industry (Example: State Health & Human Services). Please note: Your results will be compared anonymously to other organizations in your peer group. The reports will be available shortly after the survey officially closes.

Year-To-Year Compliance Reports: Provides access to your year-to-year compliance reports. Currently, we have the HIPAA Security Rule Crosswalk mapped to the NIST Cybersecurity Framework.

Year-To-Year Questions and Answers: Provides a listing of all your questionnaires and submitted answers.

NCSR Policy Dash: Displays access to a repository of authoritative sources that provide a general understanding on what guides and governs your organization.

Displaying Dashboard Data and Viewing

the Reports

NCSR Scoring Note: The NCSR question set comes from the NIST Cybersecurity Framework (CSF). The NIST CSF consists of a collection of cybersecurity-related activities organized into five main functions: Identify, Protect, Detect, Respond, and Recover. Each of the five functions is subdivided into a total of 23 categories and then further into 108 sub-categories.

A numeric score at the function level (Example: Identify), is calculated by taking the average of all category scores under the applicable function. A numeric score at the category level (Example: Identify–Asset Management), is calculated by taking the average of all subcategory scores under the applicable category.

Drill Down Option: The below dropdown list is available on the dashboard named “Current NCSR Results”:



Selecting a specific function, such as Identify, will display the category level data under that specific function. This drill-down option is available across a number of the reporting dashboards.



Display Options: Within any dashboard, you can edit how the data is displayed by hovering your mouse over the top right corner of each section:

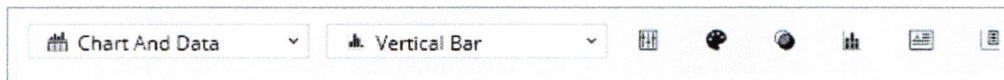


Three ellipses will appear in the upper-right corner. The following options appear when selecting the ellipsis icon:



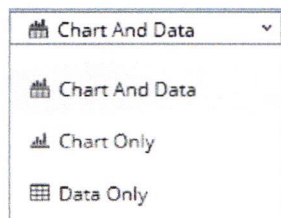
Click on “Display Report.” From here, you can change the way the data is displayed and/or represented by utilizing the tools highlighted below.

Please note: Not all reports are able to be displayed in graph format, as it’s dependent on the number of data points being displayed.



After selecting the “Display Report” option, the following area is on the upper-left side of your screen.

This allows you to change the appearance and formatting of your data and reports. For example, the field that says “Chart And Data” can be selected, and the drop down options below will appear. You can select “Chart Only” or “Data Only”. The chart is a bar graph, to give a visual on the data. The Data Only option shows only the numeric values of the specific report you are viewing.



Sharing & Communicating the Reports

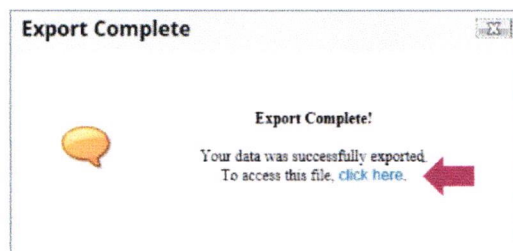
Using the options below, you can export, print, or email the reports. These options are on the upper-right side of your view within a report. Note: The email option is only available to other contacts within your organization who have a user account within the NCSR portal.



When exporting, you will have options such as Microsoft Excel and Adobe PDF:



Once your document has been exported, the following prompt will appear. By selecting the text "click here", you can download your report:





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Data Reporting Template & Additional Resources

Contact the NCSR Team

The link below directs to the NCSR page on the CIS and MS-ISAC website. It includes a link to a Word document named "NCSR End User Data Reporting Template". That template can be used to compile your NCSR data/charts and present to your stakeholders.

<https://www.cisecurity.org/ms-isac/services/ncsr/>


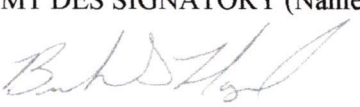
The "Resources" section on the NCSR page also displays items that can assist an organization with "next steps" after completing the NCSR. Examples include:

- **"Cybersecurity Resources Guide"**–Provides a mapping of the NIST Cybersecurity Framework to: MS-ISAC Services, CIS Services, No-Cost Fed VTE Online Training, Policy Templates, and open source resources.
- **"Cybersecurity Resources Guide– NCSR Results Mapping Template"**– Excel mapping template aligning your NCSR results to the Cybersecurity Resources Guide.
- **"NIST CSF Policy Template Guide"**– Aligns publicly available SANS policy templates, as well as donated policy and standard templates from New York and California, to the NIST Cybersecurity Framework (which is the NCSR question set).
- **"CIS Controls Version 7.1–NCSR Results Mapping Template"**–Excel mapping template aligning your NCSR results to CIS Controls Version 7.1, including the breakout of Implementation Groups 1, 2, and 3.
- **"HIPAA Security Rule Assessment Requirement"**– Provides insight from the MS-ISAC Metrics Workgroup on using your NCSR results for HIPAA compliance purposes.

If you have any questions, concerns, or issues, please do not hesitate to contact an NCSR team member at NCSR@cisecurity.org, or by phone at (518) 266-3466. We will be sure to get back to you as soon as possible.

Thank you for participating in the NCSR!

Obligating Document for Award

STATE GRANT NUMBER: 20HS-Cascade-TNV	SUB-RECIPIENT NAME AND ADDRESS: Cascade County Sheriffs Office 3800 Ulm North Frontage Road Great Falls, MT 59404,		ISSUING STATE OFFICE AND ADDRESS: Montana Disaster and Emergency Services P.O. Box 4789 1956 MT Majo Street Fort Harrison, MT 59636-4789
FEDERAL AGREEMENT NUMBER: EMW-2020-SS-00018			
AMENDMENT NUMBER:			
NAME OF SUB- RECIPIENT AUTHORIZED REPRESENTATIVE: Scott Van Dyken	SUB-RECIPIENT AUTHORIZED REPRESENTATIVE CONTACT INFORMATION: svandyken@cascadecountymt.gov 406-454-6816	NAME AND CONTACT INFORMATION OF MT DES PREPAREDNESS BRANCH MANAGER: Burke Honzel bhonzel@mt.gov (406) 324-4771	
EFFECTIVE DATE OF THIS ACTION: 10/01/2020	METHOD OF PAYMENT: EFT	NAME AND CONTACT INFORMATION OF MT DES GRANT COORDINATORS: Julia Maddox 406-202-6263 julia.maddox@mt.gov	
FEDERAL AWARD AMOUNT: \$172,616.28		PERIOD OF PERFORMANCE: From: 10/01/2020 To: 09/30/2021	
ASSISTANCE ARRANGEMENT: Cost Reimbursement	CFDA #: 97.067	Budget Period: From: 10/01/2020 To: 09/30/2021	
SUB-RECIPIENT SIGNATORY OFFICIAL (Name and Title)			DATE
SUB-RECIPIENT AUTHORIZED REPRESENTATIVE (Name and Title)  SCOTT VAN DYKEN, CAPTAIN, CASCADE CO. SHERIFFS OFFICE			DATE 09-11-2020
MT DES SIGNATORY (Name and Title)  Burke Honzel, Preparedness Bureau Chief, Authorized Organizational Representative			DATE 3 SEP 2020

**BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA**

James L. Larson, Chairman

Jane Weber, Commissioner

Joe Briggs, Commissioner

Passed and adopted at Commission Meeting held on this 22nd day of September 2020.

Attest

On this 22nd day of September 2020, I hereby attest the above-written signatures of James L. Larson, Jane Weber and Joe Briggs, Cascade County Commissioners.

RINA FONTANA MOORE, CASCADE COUNTY CLERK AND RECORDER

*** APPROVED AS TO FORM:
Josh Racki, County Attorney**

DEPUTY COUNTY ATTORNEY

*** THE COUNTY ATTORNEY HAS PROVIDED ADVICE AND APPROVAL OF THE FOREGOING DOCUMENT LANGUAGE ON BEHALF OF THE BOARD OF CASCADE COUNTY COMMISSIONERS, AND NOT ON BEHALF OF OTHER PARTIES OR ENTITIES. REVIEW AND APPROVAL OF THIS DOCUMENT BY THE COUNTY ATTORNEY WAS CONDUCTED SOLELY FROM A LEGAL PERSPECTIVE AND FOR THE EXCLUSIVE BENEFIT OF CASCADE COUNTY. OTHER PARTIES SHOULD NOT RELY ON THIS APPROVAL AND SHOULD SEEK REVIEW AND APPROVAL BY THEIR OWN RESPECTIVE COUNSEL.**

Contract 20-150

<u>ITEM:</u>	Contract 20-150 Contract Amendment to Attorney Retainer Agreement (Cascade County Contract 20-20) with Ugrin Alexander Zadick, P.C.
<u>INITIATED BY:</u>	Cascade County Attorney's Office
<u>ACTION REQUESTED:</u>	Approval of Contract 20-150
<u>PRESENTED BY:</u>	Carey Ann Haight, Deputy

The Cascade County Attorney's Office previously acquired the services of the Ugrin law firm to assist with an overflow of civil matters, one such item being the pending litigation with the State of Montana Department of Corrections (DOC), which was necessitated due to vacancies in the County Attorney's Office. The County Attorney's Office continues to be short attorneys, including a half-time civil position. The initial term for the agreement, as set forth in Cascade County Contract 20-20 for six (6) months at \$7,500 per month. That term expired on August 31, 2020 and the parties wish to extend the term an additional 3 months, through November 30, 2020. Thereafter, the parties will meet to assess needs and potential cost modification.

Approval of Contract 20-150.

Mr. Chairman, I move the Cascade County Commission **APPROVE** Contract 20-150 a Contract Amendment to Attorney Retainer Agreement (Cascade County Contract 20-20) with Ugrin Alexander.Zadick, P. C.

Mr. Chairman, I move the Cascade County Commission **DISPPROVE** Contract 20-150 a Contract Amendment to Attorney Retainer Agreement (Cascade County Contract 20-20) with Ugrin Alexander, Zadick, P. C.

**CONTRACT AMENDMENT
ATTORNEY RETAINER AGREEMENT
CASCADE COUNTY CONTRACT NUMBER 20-20**

This CONTRACT AMENDMENT is to amend the above-referenced contract between the County of Cascade, Montana, a local governmental unit organized and existing under the laws of the State of Montana, 325 2nd Avenue North, Great Falls, Montana 59401 hereinafter referred to as "County" and Ugrin Alexander Zadick, PC, 2 Railroad Square, Great Falls, Montana 59401, hereinafter referred to as "Attorneys", respectively (collectively, the "Parties").

Effective August 31, 2020 this Contract is amended as follows. Existing language has been struck; amended language underlined.

2. Effective Date: This Agreement is effective upon execution by both parties and will terminate on August 31, 2020, November 30, 2020, unless terminated sooner as provided under Montana law or for reasons for termination agreed upon herein. This contract may upon mutual agreement, in writing, between the parties and according to the terms of the existing contract, be renewed, extended or restricted to any other interval or term.

4. Compensation: For legal services provided as defined herein, the County agrees to pay Attorneys \$7,500 per month for a total of ~~\$45,000~~ \$60,000 (whereas Attorneys have elected to forego charging County for the month of August) for the term of this Agreement. This monthly compensation shall include routine fees and costs incurred in the performance of Attorneys' services including, but not limited to, associate/paralegal time, printing, copying, mail, messenger and delivery services, computer research, local travel, telephone, facsimile or data transmission, secretarial and support staff services and overtime.

Except as modified above, all other terms and conditions of Cascade County Contract Number 20-20 remain unchanged.

IN WITNESS WHEREOF, the parties hereto have executed this Contract Amendment as of the effective date stated above.

**BOARD OF COUNTY COMMISSIONERS,
CASCADE COUNTY**

James L. Larson, Chairman

Jane Weber, Commissioner

Joe Briggs, Commissioner

ATTESTED this ____ day of _____, 2020

Cascade County Clerk & Recorder

* APPROVED AS TO FORM:
Josh Racki, County Attorney

DEPUTY COUNTY ATTORNEY

* THE COUNTY ATTORNEY HAS PROVIDED ADVICE AND APPROVAL OF THE FOREGOING DOCUMENT LANGUAGE ON BEHALF OF THE BOARD OF CASCADE COUNTY COMMISSIONERS, AND NOT ON BEHALF OF OTHER PARTIES OR ENTITIES. REVIEW AND APPROVAL OF THIS DOCUMENT BY THE COUNTY ATTORNEY WAS CONDUCTED SOLELY FROM A LEGAL PERSPECTIVE AND FOR THE EXCLUSIVE BENEFIT OF CASCADE COUNTY. OTHER PARTIES SHOULD NOT RELY ON THIS APPROVAL AND SHOULD SEEK REVIEW AND APPROVAL BY THEIR OWN RESPECTIVE COUNSEL.

UGRIN ALEXANDER ZADICK, P.C.



Jordan Y. Crosby, Managing Partner

September 22, 2020

Contract 20-151

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Montana ExpoPark Miscellaneous Painting Award

INITIATED BY: Cascade County Public Works Department

ACTION REQUESTED: Approval of Contract 20-151

PRESENTED BY: Les Payne, Public Works Director

BACKGROUND:

Cascade County sought a bid to have a local contractor to repaint and replace various trim, on buildings, doors, and windows, within the Montana ExpoPark, located at 400 3rd Street Northwest, Great Falls, Montana. Buildings included, but not limited just to Trades & Industries, Family Living Center, Atrium, Fine Arts, Central Park Stage, Mercantile and FFA building. This project consists of lead management, scraping the exterior surfaces to be repainted, removal of chalky surfaces and loose debris and removing and replacing broken or missing trim, painting exterior trim with an Copper Rose, or exterior extra white base, or a matched color to the building.

RECOMMENDATION:

Cascade County Staff recommends the commission approve the contract for Dick Olson Construction to repaint and replace various trim, on buildings, doors, and windows, within the Montana ExpoPark, located at 400 3rd Street Northwest, Great Falls, Montana. Buildings included, but not limited just to Trades & Industries, Family Living Center, Atrium, Fine Arts, Central Park Stage, Mercantile and FFA building. For a total project cost of \$47,624.00.

TWO MOTIONS PROVIDED FOR CONSIDERATION

MOTION TO APPROVE:

“I move the Cascade County Commission **APPROVE** Contract 20-151, bid proposal for Dick Olson Construction to repaint and replace various trim, on buildings, doors, and windows, within the Montana ExpoPark, located at 400 3rd Street Northwest, Great Falls, Montana. Buildings included, but not limited just to Trades & Industries, Family Living Center, Atrium, Fine Arts, Central Park Stage, Mercantile and FFA building. For a total project cost of \$47,624.00.”

MOTION TO DISAPPROVE:

“I move the Cascade County Commission **DISAPPROVE** Contract 20-151, bid proposal for Dick Olson Construction to repaint and replace various trim, on buildings, doors, and windows, within the Montana ExpoPark, located at 400 3rd Street Northwest, Great Falls, Montana. Buildings included, but not limited just to Trades & Industries, Family Living Center, Atrium, Fine Arts, Central Park Stage, Mercantile and FFA building. For a total project cost of \$47,624.00.”

CONTRACT
#20-151

In consideration of the mutual promises and consideration set forth herein between Dick Olson Construction Inc, 1124 24th Street South, Great Falls, Montana, 59406 (Contractor) and CASCADE COUNTY (County), an incorporated independent political subdivision of the State of Montana, hereby covenant and agree as follows:

1. Contract Purpose And Scope Of Contract Work: The purpose of this contract is for the Contractor to repaint and replace various trim, on buildings, doors, and windows, within the Montana ExpoPark, located at 400 3rd Street Northwest, Great Falls, Montana. Buildings included, but not limited just to Trades & Industries, Family Living Center, Atrium, Fine Arts, Central Park Stage, Mercantile and FFA building. This project consists of lead management, scraping the exterior surfaces to be repainted, removal of chalky surfaces and loose debris and removing and replacing broken or missing trim, painting exterior trim with an Copper Rose, or exterior extra white base, or a matched color to the building. All work herein by reference, and as further directed by County through its authorized Agent, Les Payne, Director of Public Works.

2. Performance Standards: Except as otherwise expressly provided, the Contractor shall fully perform all Contract Work and shall do so in a timely, professional and good workmanlike manner and in accordance with prevailing industry standards and customs. Contractor shall exercise due care to avoid damage to County structures, property and to utilities (either above or below ground). Contractor will promptly repair any damage. Contractor will be required to properly sign and secure the work site so as to maintain, at all times, the safety of County's employees, agents, invitees and public.

3. Contract Time: Contractor shall fully complete the Contract Work no later than thirty (30) days after execution of the Contract. Time is of the essence. Thus, all terms, covenants, and conditions hereof shall be performed at or before the time specified herein. Any forbearance by the parties in the enforcement of the terms and conditions of this agreement shall in no way be construed as a waiver or default thereof, nor a waiver of the obligatory effect of such provisions.

4. Contract Sum: Contractor has to its satisfaction examined the observable conditions at the work site and performed all necessary research and investigation of the work site in establishing the Contract Sum. Accordingly, Contractor shall be compensated, as payment in full for the Contract Work the sum of FORTY SEVEN THOUSAND, SIX HUNDRED TWENTY FOUR AND 00/100 DOLLARS (\$47,624.00) upon final acceptance of the work. The stated Contract Sum is inclusive of labor, materials, and insurance. Contractor shall be responsible to obtain and pay for all necessary permits and/or licenses.

5. Contract Payment: As a condition precedent to payment, the Contractor shall conduct a final inspection of the Contract Work with the Authorized Representative of the County. The County shall promptly comply and participate with any reasonable request of the Contractor for final inspection. Upon final inspection and receipt of the Contractor's application for payment, the County may withhold, pending mutual compromise or judicial resolution, payment of all or a portion of the Contract Sum, to the extent reasonably necessary to protect the County, if in the County's opinion the Contract Work is not accepted. If the County withholds payment under this section, the County shall notify the Contractor of the withholding and the reason therefor no later

than ten (10) after receipt of the application for payment. If the Contractor and the County cannot agree on a revised amount, the County shall pay the amount to which the County does not object.

The County shall have no obligation to pay or to see to the payment of money to a subcontractor or materialman except as may otherwise be required by law. Partial payment under this section shall not constitute or be construed to constitute the County's acceptance of any disputed portion of the Contract Work. Acceptance of final payment by the Contractor shall constitute a waiver of all Contractor claims against the County except those previously made in writing and identified by the Contractor as unsettled prior to receipt of the final payment from the County.

6. Force Majeure: If either Party's obligations under this agreement are rendered impossible, hazardous or is otherwise prevented or impaired for reasons beyond a Party's control including, without limitation act(s) of God, riots, strikes, labor difficulties, epidemics, earthquakes, any act or order of any public authority, and/or any other cause or event including, but not limited to, acts of terrorism, similar or dissimilar, beyond either Party's control, then both Party's obligation with respect to the performance of the Contract shall be excused until such time as the intervening force majeure cause has been cured.

7. Insurance: Prior to commencing work under this agreement, the Contractor shall purchase and maintain until final payment on all Contract Work such insurance as will protect the Contractor from claims which may arise out of or result from the Contractor's operations under the Contract and for which the Contractor may be legally liable. Contractor's proof of insurance as provided to County is attached hereto as Exhibit A to this contract and such coverages shall remain in full force and effect for the duration of this Contract. If requested, Contractor will also provide proof of Contractor Registration and proof of compliance with worker compensation laws.

8. Contractor Registration: Construction contracts greater than \$2,500 require Contractors to be registered with the Department of Labor and Industry under 39-9-201 and 39-9-204 MCA prior to Contract execution. A copy of the registration certificate must be provided to the County. Contractor's registration number is 1421 and expires on the 21st day of January, 2022.

9. Indemnification: Contractor agrees to indemnify, protect, defend, and hold harmless the County, its elected and appointed officials, agents and employees from and against all claims, demands, causes of action of any kind or character, including the defense thereof, arising out of the negligence or misconduct of its agents, employees, representative, assigns, and subcontractors under this agreement.

10. Montana Prevailing Wage Rate and Gross Receipts Tax: Contractor may be subject to the requirements of the Montana contractor's gross receipts tax, as defined and required by Mont. Code Ann. §§ 15-50-205 and 15-50-206. Contractor will pay Montana Davis Bacon wages.

11. General Warranty: The Contractor warrants to the County that all materials and equipment furnished under the Contract will be of good quality and new, that the Work will be free from defects not inherent in the quality required or permitted, and that the Work will conform to the requirements of this Contract.

12. Choice of Law and Venue: This Contract shall be construed under the laws of the State of Montana. Venue shall be the Eighth Judicial District, Cascade County, Montana. In the event of litigation, the parties shall bear their own costs and attorney fees.

13. Entire Agreement and Modification: This contract constitutes the entire understanding of the parties and supersedes any and all prior written or verbal representations between the parties. This agreement cannot be modified unless said modification is reduced to writing and executed by both parties.


14. Severability: If any provision of this Contract is held void or invalid, such provision shall be deemed severed from the Contract and the remainder of the Contract shall remain in full force and effect.

15. Mutual Assent and Authority: The parties hereto mutually assent to the terms of this Contract and have signed this Contract on the day and year set forth below. The individuals executing this Contract on behalf of each party warrant that he or she is authorized to execute the Contract on behalf of their respective agencies and that the agency will be bound by the terms and conditions herein.

DATED this 17th day of September, 2020

Contractor:

Dick Olson Construction Inc.

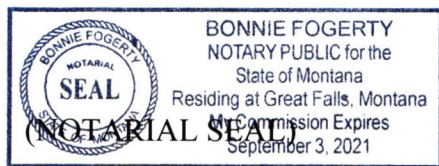


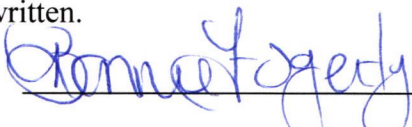
Dan Johnstone, Vice President

STATE OF MONTANA)
 :SS
County of Cascade)

This instrument was signed or acknowledged before me on this 17th day of September, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year in this certificate first above written.





Notary Public for the State of Montana
Residing at Great Falls, Montana
My Commission expires: September 3, 2021

County:

BOARD OF COUNTY COMMISSIONERS,
CASCADE COUNTY, MONTANA

James L. Larson, Chairman

Jane Weber, Commissioner

Joe Briggs, Commissioner

Attest

On this ____ day of _____, 2020, I hereby attest the above-written signatures of the Board of Cascade County Commissioners.

Rina Ft. Moore
Cascade County Clerk and Recorder

* APPROVED AS TO FORM:
Josh Racki, County Attorney

DEPUTY COUNTY ATTORNEY

* THE COUNTY ATTORNEY HAS PROVIDED ADVICE AND APPROVAL OF THE FOREGOING DOCUMENT LANGUAGE ON BEHALF OF THE BOARD OF CASCADE COUNTY COMMISSIONERS, AND NOT ON BEHALF OF OTHER PARTIES OR ENTITIES. REVIEW AND APPROVAL OF THIS DOCUMENT BY THE COUNTY ATTORNEY WAS CONDUCTED SOLELY FROM A LEGAL PERSPECTIVE AND FOR THE EXCLUSIVE BENEFIT OF CASCADE COUNTY. OTHER PARTIES SHOULD NOT RELY ON THIS APPROVAL AND SHOULD SEEK REVIEW AND APPROVAL BY THEIR OWN RESPECTIVE COUNSEL.

Contract 20-152

ITEM: Extension of FFY 2019 Homeland Security Program Grant for Cascade County Backup County EOC and Backup Dispatch Center (Cascade County Contract 19-160) Through June 30, 2021

ACTION REQUESTED: **Approval of Contract 20-152**

Acting Cascade County DES Coordinator applied and was awarded a FFY 2019 Homeland Security Program Grant for Cascade County for a Backup County EOC and Backup Dispatch Center (Cascade County Contract 19-160). Cascade County requested an extension of the contract and performance deadline, which was granted by Department of Military Affairs for the State of Montana's Disaster and Emergency Services Division. Accordingly, the new period of performance has been extended to June 30, 2021. All other terms and conditions of the award as set forth in the Articles of Agreement remain the same.

RECOMMENDATION: Approval of Contract 20-152

Mr. Chair, I move that the Commissioners **APPROVE** Contract 20-152, Extension of FFY 2019 Homeland Security Program Grant for Cascade County for a Backup County EOC and Backup Dispatch Center (Cascade County Contract 19-160) through June 30, 2021.

Mr. Chair, I move that the Commissioners **DISAPPROVE** Contract 20-152, Extension of FFY 2019 Homeland Security Program Grant for Cascade County for a Backup County EOC and Backup Dispatch Center (Cascade County Contract 19-160) through June 30, 2021.

DEPARTMENT OF MILITARY AFFAIRS STATE OF MONTANA



Disaster & Emergency Services Division
ARMED FORCES RESERVE CENTER
1956 MT MAJO STREET - PO BOX 4789
FORT HARRISON, MONTANA 59636-4789
406.324.4777



THE HONORABLE STEVE BULLOCK
GOVERNOR

MAJOR GENERAL MATTHEW T. QUINN
ADJUTANT GENERAL

9/10/2020

Brad Call
521 1st Ave NW
Great Falls, MT 59404

Mr. Call,

Montana DES, the State Administrative Authority for the FFY2019 Homeland Security Program, has approved your request for extension of the Cascade County, Backup County EOC and Backup Dispatch Center project performance period. Per your request, the new period of performance has been extended to 6/30/2021 to allow for the project to be completed within the Federal period of performance.

This extension modification does not change the original award amount or any other terms or conditions as set forth in the Articles of Agreement. Cascade County must continue to follow all state and local procurement policies and regulation as set forth in all corresponding grant guidance's, federal, state and local. To be eligible for reimbursement, all expenses must be incurred, invoiced and expended no later than the end of the grant performance period. All reimbursement requests must be submitted to MT DES via fundingmt.org no later than 45 days following the period performance in order to be reimbursed.


If you have any questions or concerns regarding this extension or any other aspect of your state administered grants, please contact Grant Coordinator, Julia Maddox, at 406 324-4795 or Julia.Maddox@mt.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Burke Honzel".

Burke Honzel
Preparedness Bureau Chief
Montana Disaster and Emergency Services

Obligating Document for Award

STATE GRANT NUMBER: 19HSCSCOM	SUB-RECIPIENT NAME AND ADDRESS: Cascade County DES 521 1st Ave. NW Great Falls, MT 59404		ISSUING STATE OFFICE AND ADDRESS: Montana Disaster and Emergency Services P.O. Box 4789 1956 MT Majo Street Fort Harrison, MT 59636-4789
FEDERAL AGREEMENT NUMBER: EMW-2019-SS-00010			
AMENDMENT NUMBER:			
NAME OF SUB-RECIPIENT AUTHORIZED REPRESENTATIVE: Ron Scott	SUB-RECIPIENT AUTHORIZED REPRESENTATIVE CONTACT INFORMATION: rscott@cascadecountymt.gov 406-454-6900	NAME AND CONTACT INFORMATION OF MT DES PREPAREDNESS BRANCH MANAGER: Burke Honzel bhonzel@mt.gov (406) 324-4771	
EFFECTIVE DATE OF THIS ACTION: 10/01/2019	METHOD OF PAYMENT: EFT	NAME AND CONTACT INFORMATION OF MT DES GRANT COORDINATORS: Michael J. Bourquin michael.bourquin@mt.gov 406-324-4772	
FEDERAL AWARD AMOUNT: \$44,344.00		PERIOD OF PERFORMANCE: From: 10/01/2019 To: 09/30/2020	
ASSISTANCE ARRANGEMENT: Cost Reimbursement	CFDA #: 97.067	Budget Period: From: 10/01/2019 To: 09/30/2020	
SUB-RECIPIENT SIGNATORY OFFICIAL (Name and Title)			DATE
SUB-RECIPIENT AUTHORIZED REPRESENTATIVE (Name and Title)			DATE
MT DES SIGNATORY (Name and Title)  Burke Honzel, Preparedness Bureau Chief, Authorized Organizational Representative			DATE 11 SEP 2019

September 22, 2020

Contract 20-146

Agenda Action Report
Prepared for the
Cascade County Commission

ITEM: Contract 20-146
MT DPHHS
Cascade County WIC Program
Task Order 21-25-5-21-003-0

INITIATED AND PRESENTED BY: Trisha Gardner,
Health Officer

ACTION REQUESTED: Approval of Contract 20-146

BACKGROUND:

The purpose of the WIC Program is to provide nutrition education, breastfeeding support, supplemental foods, and referrals to community resources to eligible women, infants and children up to 5 years old. The region served by this Contractor is Cascade County(s) and possible residents of surrounding counties. The Contractor may serve any eligible participants who live in Montana and choose to obtain services at this site.

TERM: October 1, 2020 – September 30, 2021

AMOUNT: \$374,925.00

RECOMMENDATION: Approval of Contract 20-146

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE:

Mr. Chair, I move that the Commission **APPROVE** Contract 20- 146, MT DPHHS, Cascade County WIC Program, Task Order 21-25-5-21-003-0

MOTION TO DISAPPROVE:

Mr. Chair, I move that the Commission **DISAPPROVE** Contract 20-146, MT DPHHS, Cascade County WIC Program, Task Order 21-25-5-21-003-0

**TO THE MASTER AGREEMENT
EFFECTIVE OCTOBER 1, 2020
BETWEEN THE STATE OF MONTANA,
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
AND CASCADE COUNTY**

WIC Program

SECTION 1. PARTIES

This Task Order is entered into between the Montana Department of Public Health and Human Services, ("Department"), P.O. Box 4210, Helena, Montana, 59620, Phone Number (406) 444-5623, Fax Number (406) 444-1970, and Cascade City-County Health Department ("Contractor"), Federal ID Number 81-6001343 and 115 4th Street S, Great Falls, MT 59401-3618.

THE DEPARTMENT AND CONTRACTOR AGREE AS FOLLOWS:

SECTION 2. PURPOSE

The purpose of the WIC Program is to provide nutrition education, breastfeeding support, supplemental foods, and referrals to community resources to eligible women, infants and children up to 5 years old. The region served by this Contractor is Cascade County(s) and possible residents of surrounding counties. The Contractor may serve any eligible participants who live in Montana and choose to obtain services at this site.

SECTION 3. TERM OF TASK ORDER

- A. The term of this Task Order for the purpose of delivery of services is from October 1, 2020 through September 30, 2021.
- B. Each Party, after expiration or termination of this Task Order, remain subject to and obligated to comply with all legal and continuing contractual obligations arising in relation to its duties and responsibilities that may arise under the Task Order including, but not limited to, record retention, audits, indemnification, insurance, the protection of confidential information, and property ownership and use.

SECTION 4. SERVICES TO BE PROVIDED AND SCOPE OF WORK

- A. The Contractor agrees to provide the following services:
 - 1. Conduct the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) by assuming all administrative, financial and professional health service responsibilities for the WIC Program within the region noted in Section 2. The Contractor

shall administer the WIC Program in accordance with the current regulations contained in 7 CFR Parts 246 and 3016, the WIC State Plan, United States Food and Nutrition Service (FNS) guidelines and instructions, and their Master Contract. Copies of the Montana WIC State Plan are available on the DPHHS WIC website www.wic.mt.gov and the federal regulations governing the WIC Program may be found at the FNS/USDA.GOV website at <https://www.fns.usda.gov/wic/wic-laws-and-regulations>.

2. Provide performance, activity and fiscal reports required by the Department.
3. Assure that each staff person employed in the WIC Program who is reimbursed with WIC or in-kind funds or works as a volunteer and has contact with WIC applicants/participants:
 - a) Completes the employee Training Form activities, and submits the form to the State Office within 60 days of hire;
 - b) Completes USDA civil rights training upon hire and then annually;
 - c) Has reviewed the Department's document entitled, "Policy and Process for Information Security and Database Access"; and
 - d) Attains continuing education credits approved and authorized by the Department, in a manner prescribed by the Department and in accordance with the WIC State Plan.
4. Make available to all WIC participants on-going, routine pediatric and obstetric care (such as infant and child care and prenatal and postpartum examinations) or referral for treatment, as well as those health services outlined in the WIC State Plan and inform applicants of the health services which are available.
5. By October 1st of each fiscal year, submit to the Department a copy of all subcontract(s) entered into for WIC services provided to another service area, county, or reservation which defines the respective responsibilities for the WIC Program of the satellite and the Contractor.
 - a) Each local agency must have access to a Registered Dietitian. If the Dietitian is obtained through sub-contract, Attachment F: Registered Dietitian Scope of Services must be used within that Agreement.
6. If the Department has supplied the Contractor with Department Computer:
 - a) Acknowledge that the equipment is the property of the Department's WIC Program.
 - b) Ensure that:
 - (i) equipment is used solely for WIC purposes or that written approval is in place for shared services;
 - (ii) only the software provided by the Department, or authorized and/or approved by it, is installed on Department supplied computers;
 - (iii) the software supplied with the Department computer(s) is used solely on that computer;
 - (iv) adequate space is provided for equipment and is kept physically and electronically secure; and
 - (v) equipment is kept in a room with a locking door and is not allowed to be accessed by any non-WIC personnel;
7. If the Department has supplied the Contractor with Department Peripherals:

- a) Acknowledge that the equipment is the property of the Department's WIC Program.
 - b) Ensure that:
 - (i) equipment is used solely for WIC purposes or that written approval is in place for shared services;
 - (ii) the software supplied for peripherals is used solely for that peripheral;
 - (iii) adequate space is provided for equipment and is kept physically and electronically secure; and
 - (iv) equipment is kept in a room with a locking door and is not allowed to be accessed by any non-WIC personnel;
 - (v) the Contractor shall repair or replace any damaged peripheral caused by unauthorized software or misuse of the peripheral.
8. If the Department has supplied the Contractor with Department Software:
- a) Ensure that:
 - (i) the Department supplied software is used solely on computers authorized by the Department;
 - (ii) Contractor employees complete required training before attempting to access supplied Department software, and
 - (iii) Contractor employees use only their assigned login ID.
9. If the Department has supplied the Contractor with Department Network:
- a) Ensure that:
 - (i) Contractor employees complete required training before attempting to access supplied Department software, and
 - (ii) Contractor employees use only their assigned login ID.
 - b) Abstain from:
 - (i) using software applications, other than the WIC system or those provided by the Department, obtained from any source unless the Department has given, in advance, written approval;
 - (ii) changing the organization or configuration of the hard disk in each of the personal computers or the server in a standalone or network configuration; or
 - (iii) transferring any rights in the computer equipment to any third party and from allowing any third party to acquire any rights in the computer equipment.
 - c) Notify the Department's WIC Program immediately:
 - (i) before any action is taken, if an equipment breakdown or failure occurs; and
 - (ii) for assistance, if the WIC System software application fails to function.
 - d) Give the Department prior notice of the date of relocation and accept and assist in implementing the following requirements for such a move:
 - (i) If the Department has provided the WIC office with a network configuration, consideration must be given to wiring the new location and performing other duties related with setting up a network. In order to prepare a new site, the Department should be given three months prior notice to ready the new site.
 - e) Promptly notify appropriate law enforcement officials and the Department of any loss, theft, damage or destruction of equipment, and investigate and document the full circumstances concerning the loss, theft, damage or destruction. Any loss of equipment is the responsibility of the contractor, and its replacement must be purchased through the Department to ensure conformity to standards established

by the Department and the State of Montana. The contractor shall pay for any lost, damaged or stolen equipment, and replacement equipment shall become the property of the Department.

- f) Acknowledge and communicate to WIC staff the terms of Section 45-6-311, MCA, entitled "Unlawful Use of a Computer", and the penalties for such unlawful use.
 - g) Perform routine maintenance and cleaning of computer equipment.
 - h) Implement and maintain a Security and Disaster Recovery Plan in accordance with the model provided by the Department.
- 10. If the Contractor opts not to be connected to the State Network to delivery WIC services, the Contractor shall abide by the terms in Attachment B, Equipment Agreement for using off-network connection, hardware and software. Additionally, funding may be available to Contractor to support information technology (IT) services and equipment.
 - 11. Prohibit smoking within the space used to perform WIC Program functions during all times that such functions are actually occurring and, as required by Public Law 103-111, publicly post an announcement that smoking is prohibited in the service site.
 - 12. Maintain an adequate, safe and sanitary service site for the employees and WIC participants in each clinic provided for under this Contract.
 - 13. Implement a food delivery system prescribed by the Department pursuant to 7CFR Section 246.12 of the WIC Federal Regulations and approved by FNS.

SECTION 5. CONSIDERATION, PAYMENTS, AND PROGRESS PAYMENTS

- A. In consideration of the services provided through this Task Order, the Department will pay the Contractor a total of \$374,925 (which includes \$600.00 for LARC, \$6,185 for Equipment, \$2,500 for Training, \$15,462.50 for Dietitian Services, \$9,896.00 for Outreach and \$21,393.00 for Breastfeeding Peer Counseling) as follows:
 - 1. Nutrition services and administration (NSA) funds are to be used for direct or indirect costs which are necessary and reasonable for the support and fulfillment of WIC program operations and objectives. All charges to the grant or contract must be actual and obligated within the appropriate contract period for proper and efficient Program administration.
 - a. The amount of money charged to the WIC budget for shared direct or indirect costs must be proportionate to WIC usage and backed by documented policy or procedure made available to the State WIC office as requested.
 - 2. Training money is specifically to be used for staff to attend the annual WIC conference (first priority), attend New Employee Training (for new employees or refresher course as needed), and to meet the Continuing Education Credit (CEC) Requirements mandated by the State Plan. If additional money is left in the training budget, staff may use this to obtain additional training if it directly relates to their position or is otherwise a WIC approved course or conference.
 - 3. An itemized expenditure report for each month, utilizing the WIC Expenditure Report form (Attachment A) will be submitted monthly for actual expenses. The Contractor shall submit these reports to the Department by the 28th of the month following the month for which the report is submitted, unless the Department agrees there is good cause for the delay and

provides written approval (e.g. a difference between the monthly close-out dates of the Department and the Contractor). The Department has no obligation to reimburse the Contractor for expenditure reports submitted beyond the above submittal deadline. Any adjustment to an expenditure report will be eligible for reimbursement only if it is received by the Department within 90 days (60 days for final report) after the end of the month for which the adjusted expenditure report is claimed.

- a. Records substantiating time spent performing WIC services. These records need not be submitted to the Department but must be kept available at the main office of the Contractor for inquiry and audit purposes, to be checked during regular monitoring visits conducted by staff of the Department or independent auditors.
 - b. Time Study Report for WIC staff/contractors who provide direct services to WIC participants under this contract. The method, manner and report forms will be prescribed, by the Department, for the period of time referenced in the WIC State Plan.
- B. All invoices must be received by the Department no later than 30 days following the Task Order end date of September 30, 2021. Invoices received after 60 days will not be paid by the Department.
- C. The completion date of performance for purposes of issuance of final payment for services is the date upon which the Contractor submits to the Department such final reports as are required under this Task Order and are satisfactory in form and content as determined by the Department.

SECTION 6. THIS SECTION RESERVED FOR ADVANCED PAYMENTS

SECTION 7. SOURCE OF FUNDS AND FUNDING CONDITIONS

The sources of the funding for this Contract are federal grants from the United States Department of Agriculture (USDA), Food and Nutrition Services (FNS), WIC, grant number CFDA# 10-557.

- A. The Department, at its discretion, may terminate at any time the whole or any part of this Task Order or modify the terms of the Task Order if funding for the Task Order is reduced or terminated for any reason. Modification of the Task Order includes, but is not limited to, reduction of the rates or amounts of consideration or alteration of the manner of the performance in order to reduce expenditures under the Task Order.
- B. The contractor shall maintain complete, accurate, documented and current accounting of all program funds received and expended. Adequate travel funds must be allocated by the contractor to ensure that conferences and trainings, sponsored or required by the state WIC program, are attended as required.
- C. Reimburse the Department for any WIC Program funds misused or otherwise diverted due to over issuance of WIC benefits, negligence, fraud, theft, embezzlement, forgery, bribery or other loss caused by the Contractor, its employees or agents.
- D. In addition, the commission of fraud against or abuse of the WIC Program by the Contractor is subject to prosecution under applicable federal, state, or local laws. A Contractor that has willfully misapplied, stolen, or fraudulently obtained WIC Program funds is subject to a fine of not more than \$25,000, imprisonment of not more than five years, or both, if the value of the funds

is \$100 or more. If the value is less than \$100, the penalties are a fine of not more than \$1,000, imprisonment of not more than one year, or both [7 CFR 246.23(d)].

- E. Ensure that one-sixth (1/6th) of the reimbursements claimed by the Contractor is for time spent by personnel in nutrition education of WIC participants in compliance with 7 CFR Section 246.11 and the WIC State Plan, as outlined in Section 2(A).
- F. A final billing invoice for allowable expenses incurred during the term of this Task Order is due within 60 days after the expiration of the term of this Task Order.
- G. Allowable Indirect Costs: According to Subpart E of the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards 2 CFR part 200, entities that currently have an established Indirect Cost Rate that has been federally approved, must use this cost rate. A copy of the federally approved rate must be submitted to the State by October 15, 2020. Entities that do not have a federally approved IDC, can use the de minimus Indirect cost rate at 10% of the modified total direct costs (CFR part 45; 75.414). Indirect costs are those that have been incurred for common or joint objectives.

SECTION 8. RESERVED FOR CFR 200 REQUIREMENTS IF NEEDED

SECTION 9. TERMINATION

Either party may terminate this Task Order in accordance with the Master Agreement.

SECTION 10. LIAISON AND SERVICE OF NOTICES

- A. Kate Girard, or their successor, will be the liaison for the Department. Contact information is as follows:

Kate Girard
DPHHS WIC
PO Box 4210
Helena, MT 59604-4210
Phone Number (406) 444-4747
Fax Number (406) 444-0239
KGirard@mt.gov

Jo-Viviane Jones, or their successor, will be the liaison for the Contractor. Contact information is as follows:

Jo-Viviane Jones
Cascade County
115 4th Street S
Great Falls, MT 59401-3618
Phone Number (406) 791-9262
Fax Number (406) 453-3357
jjones@cascadecountymt.gov

These above referenced liaisons serve as the primary contacts between the parties regarding the performance of this Task Order. The State's liaison and Contractor's liaison may be changed by written notice to the other party.

- B. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties' addresses set out in this Task Order.

SECTION 11. RESERVED FOR RECIPIENT GRIEVANCE AND APPEALS

SECTION 12. FEDERAL REQUIREMENTS

The Contractor agrees that they will comply with all federal statutes and regulations in providing services and receiving compensation under this Task Order. The Contractor acknowledges that there are certain federal statutes and reporting requirements that must be followed whenever certain federal funds are used. It is the Contractor's responsibility to comply with all federal laws and reporting requirements.

SECTION 13. DEPARTMENT GUIDANCE

The Contractor may request from the Department guidance in administrative and programmatic matters that are necessary to the Contractor's performance. The Department may provide such guidance as it determines is appropriate. Guidance may include providing copies of regulations, statutes, standards and policies that are to be complied with under this Task Order. The Department may supply essential interpretations of such materials and this Task Order to assist with compliance by the Contractor. The Contractor is not relieved by a request for guidance of any obligation to meet the requirements of this Task Order. Legal services will not be provided by the Department to the Contractor in any matters relating to the Task Order's performance under this Task Order.

SECTION 14. INFORMAL DISPUTE RESOLUTION PROCEDURES

In addition to the Choice of Law and Remedies in the Master Agreement, the Contractor may provide written request for resolution about any disagreement about the Task Order to the Branch Manager, Kristen Rogers, Phone Number (406) 444-4743, Fax Number (406) 444-2750, Kristen.Rogers@mt.gov with a copy to Director Sheila Hogan, Phone Number (406) 444-5623, Fax Number (406) 444-1970, SheilaHogan@mt.gov.

SECTION 15. SCOPE OF TASK ORDER

This Task Order consists of nine (9) numbered pages and the following Attachments:

- Attachment A: WIC Expenditure Report
- Attachment B: Equipment Agreement
- Attachment C: Breastfeeding Peer Counseling Report
- Attachment D: Allowable Costs
- Attachment E: WIC Breastfeeding Model
- Attachment F: Registered Dietitian Scope of Service

All of the provisions of the Master Agreement are incorporated into and are controlling as to this Task Order. In the case of a material conflict, a dispute, or confusing language between this Task Order and Master Agreement the Master Agreement shall control. This Task Order does not stand alone. If Master Agreement lapses, so does this Task Order. The original Task Order will be retained by the Department. A copy of the original has the same force and effect for all purposes as the original. This is the entire Task Order between the parties.

SECTION 16. RESERVED FOR PERFORMANCE ASSESSMENTS AND CORRECTIVE ACTIONS

SECTION 17. RESERVED FOR ADDITIONAL PROVISIONS

SECTION 18. AUTHORITY TO EXECUTE

Each of the parties represents and warrants that this Task Order is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order and the Master Agreement.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order on the dates set out below:

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By: _____ Date: _____
Jamie Palagi, Administrator

CONTRACTOR

By: _____ Date: _____
James L. Larson, ~~Commissioner~~
Chairman

By: _____ Date: _____
Joe Briggs, Commissioner

By: _____ Date: _____
Jane Weber, ~~Chairperson~~
Commissioner

On this _____ day of _____, 2020, I hereby attest the above-written signatures of Jane Weber, Joe Briggs, and James L. Larson Cascade County Commissioners.

, Clerk & Recorder

ATTACHMENT A To Task Order No. 21-25-5-21-003-0

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES WIC EXPENDITURE REPORT

INVOICE

Agency Name & Federal ID #	Invoice Date	Invoice Period
		Month:
Submit this invoice to: DPHHS, Nutrition Section/WIC, PO Box 4210, Helena MT 59620-4210		

EXPENDITURE CATEGORY	CURRENT MONTH EXPENDED	ADJUSTMENTS (explain on back)	CURRENT MONTH + ADJUSTMENTS = MONTH TOTAL	YEAR TO DATE EXPENDED	TOTAL AMOUNT BUDGETED	BALANCE OF BUDGET
Salaries (transfer from month total on back)						
Benefits						
Contracted Services						
Indirect (if applicable)						
Administrative						
Travel						
Supplies/Equipment						
Rent						
Telephone						
Postage						
Utilities						
Cleaning						
Advertising						
Copies/Printing						
Nutrition Ed.						
Breastfeeding Ed.						
Insurance						
Subscription/Dues						
Training						
Other						
Disallowed						
TOTALS>>						
Current Month + Adjustments =			Total Billed			

CONTRACTOR APPROVAL	FOR STATE USE ONLY
<p>I certify that the amounts reflected on this invoice represent services actually furnished, that the individuals were eligible to receive said services and that payment has not been received. Further, I report the following funds were received during this invoice period:</p> <p style="margin-left: 40px;">\$ _____</p> <p>Preparer Signature _____ Date _____</p> <p>Program Director Signature _____ Date _____</p>	<p>Contract End Date _____</p> <p>RC Number _____ O/E _____</p> <p>AWACS # _____</p> <p>Approved Payment \$ _____ Date _____</p> <p>_____ Date _____</p> <p>Program Manager _____</p> <p>AWACS Invoice # _____</p>

PERSONNEL BREAKDOWN

Transfer Current Month Gross Total to Current Month Salaries on front of page.

Use space below to explain adjustments:

Time Study (January, April, July, October only)

[illegible]

ATTACHMENT B Equipment Agreement

This agreement will be implemented for any local agency that opts to not use the State Network for WIC services locally.

The Local Agency will supply computers for WIC use that conform to the specifications in Table A – Computers and are configured with software as specified in Table B – Software. The Local Agency will supply the peripherals specified in Table C – Peripherals and implement the minimum-security measure listed in Table D - Security. The Local Agency will not deviate from these requirements without confirmation from WIC that alternatives are compatible with WIC applications.

Table A – Computers

Minimum Requirements	
Processor	Intel Core i5 at 3.20 GHz (equivalent or better)
Memory	Minimum 8 GB (or better)
Operating System (OS)	Windows 10 (64 bit) Pro
Hard Drive Space	256 SSD (equivalent or better)
USB Ports	Enough ports to support the peripherals listed in Table C
Network	Ethernet LAN adaptor installed; WIFI mandatory for laptops

Table B – Software

The Local Agency will install the following programs on each machine used for WIC. The Local Agency will coordinate installations with their IT support services provider.	
Browser	The Local Agency will ensure that Internet Explorer 11 is available on each machine used for WIC purposes.
Crystal Reports Runtime	WIC shall supply installation files for Crystal Reports Runtime.
Microsoft Office	The Local Agency will provide a SPIRIT compatible version of Microsoft Office, to include Excel and Word. SPIRIT is currently compatible with Microsoft 2016.
SPIRIT	WIC shall supply installation files for the SPIRIT application.
Virus Scanner	The Local Agency will install and maintain virus protection on each machine used for WIC purposes.

Table C – Peripherals

The Local Agency will obtain, maintain, and support the peripheral equipment listed below. The Local Agency will only use peripherals that are compatible with WIC applications and will verify the compatibility before purchase of the items. A list of compatible devices may be obtained from WIC.	
Card Readers	Card readers are needed for assigning EBT cards. The number of card readers may be determined by the Local Agency.
Printers	At least one document printer is needed for WIC use.
Scanners	A document scanner is needed at each machine where documents will be scanned.
Signature Pads	A signature pad is needed for each machine where signatures will be collected. The Topaz T-LBK755-BHSB-R signature pad is required—other makes and models are not compatible with the SPIRIT software.

Table D – Security

The Local Agency will implement, maintain, and support the minimum security listed below on machines used for WIC. The Local Agency may implement security measures beyond these minimum requirements.	
Windows Authentication	Windows credentials are required to access the computer.
Windows Timeout	The machine will lock after 15 minutes of inactivity

Internet/Network	All internet and network connections will be secure. Minimum security measures include Windows Authentication, encryption,
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Transition

If the Local Agency is currently in a contract with WIC and the equipment was supplied by WIC, then the following can occur:

- 1) WIC may assign ownership of the computers and peripherals currently being used by the Local Agency to the Local Agency; however, this is dependent on the conditions identified below. No software will be transferred between WIC and the Local Agency. This means that the Local Agency is responsible for supplying the software required above.
 - a) If the computer is ≤ 5 years old, the Local Agency is responsible for purchasing a replacement and returning the state-owned machine to the State WIC Office.
 - b) If the computer is > 5 years old, the Local Agency may opt to retain the computers or return to the State WIC Office. If the Local Agency chooses to retain a computer, then it must be returned to the State WIC Office for wiping the hard drive.
 - c) The Local Agency will be responsible for supplying and installing the required software.
- 2) The computers shall then be returned to the Local Agency without an operating system. The state will supply SPIRIT software (Spirit and Crystal Reports).
- 3) The Local Agency shall install an operating system, the state supplied software, a Virus Scanner and Microsoft Office prior to putting the computer into use.

Ongoing Operations

The Local Agency shall provide all communications necessary at all service sites for computers running SPIRIT to access the internet and communicate with the WIC servers.

The Local Agency will implement security measures for each machine used for WIC. The Local Agency will maintain at least the minimum-security requirements listed in Table D – Security. Security measures may be improved at the discretion of the Local Agency, as long as minimum requirements continue to be met.

When computers or peripherals fail, the Local Agency is responsible for repair or replacement of the computer or peripheral excluding check printers. If a computer or peripheral needs replacement, the Local Agency shall replace it with a new computer or peripheral device that meets the WIC computer and peripheral specifications in this document or other specifications as agreed upon between the Local Agency and WIC.

Attachment C – BFPC Expenditure Report

PROVIDER/TAX ID	CONTRACT NUMBER	INVOICE DATE	INVOICE #
81-6001343	Cascade County BF Peer Counseling		

CONTRACTOR/PROVIDER	BILL TO
NAME: Cascade County ADDRESS: 115 4 th Street S CITY, STATE ZIP: Great Falls, MT 59401-3618 PHONE NUMBER: 406-791-9291	DIVISION/PROGRAM NAME: WIC ADDRESS: USFG Building, 1625 11 th Avenue CITY, STATE ZIP: Helena MT 59620 PHONE NUMBER: 406-444-5533

Billing Period: _____ to _____	Statement Date: _____
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COST CATEGORIES	BUDGETED	CURRENT	YR TO DATE	BALANCE
Salaries (Month total from Page 2)				
Benefits (actual)				
Operating Expenses (supplies/materials)				
Communications (phone, postage, etc)				
Travel (mileage, travel cost, per diem, lodging)				
Contract Services**				
Other: (specify)				
TOTALS				

Total this Billing Cycle:	Transfer BF Total to WIC Expenditure Report; line item 'BF Peer Counseling'
---------------------------	---

** Actual expense or DPHHS pre-approved cost allocation plan

PROVIDER/CONTRACTOR APPROVAL:	DEPARTMENT APPROVAL:
I certify that the above costs are actual, necessary and allowable for the performance of the agreement. There is no duplication of costs and the statement is mathematically correct. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ Preparer Signature _____ Date </div>	Comment: Approved Amount: \$ _____ <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ State Reviewer _____ Date </div>

Attachment C - Page 2
Personnel Breakdown

Employee Name	Current Month Gross	Gross YTD	Current Month Hours	Hours YTD
Totals:				

Attachment D: Allowable Costs for Breastfeeding Peer Counseling Funds

Breastfeeding peer counseling (BFPC) funds distributed to State agencies by the Food and Nutrition Service (FNS) are to be used to develop or expand activities necessary to sustain a peer counseling program based on the FNS [Loving Support Model](#). The primary purpose of the funds is to provide direct breastfeeding support services through peer counseling to WIC participants. A State agency's peer counseling implementation plan and annual line item budget addendum to its State Plan must demonstrate an appropriate balance between direct service delivery by peer counselors and the purchase and use of equipment and materials. The use of BFPC funds for expenditures that are not supported by the [Loving Support Model](#) are not authorized.

The table below helps to identify allowable breastfeeding peer counseling costs.*

NSA=Nutrition Services and Administration; IBCLC=International Board Certified Lactation Consultant

Item or Service	Allowable Costs	Comments
Durable Goods and Space		
Furniture, computer/laptops, and office equipment used to provide peer counseling services and training	Yes	
Phone lines, internet service, cell/smartphones, pagers and answering machines for contacts between peer counselors and mothers	Yes	
Portable baby scales for peer counselors to weigh infants outside of the WIC clinic	Yes. Adequate training and supervision of the peer counselor by an IBCLC or other lactation expert and policies surrounding the use of scales and their purpose must be in place.	NSA funds may be used to purchase scales for use by staff other than peer counselors.
Space and lease costs for peer counselors to provide services	Yes	
Incentives and Educational		
Breastfeeding educational materials for mothers such as pamphlets and DVDs	No	
Breast pumps and breastfeeding aids for mothers	No	
Breast pumps and breastfeeding aids for <i>demonstration</i> purposes by peer counselors	Yes	NSA funds may be used for this purpose.

Item or Service	Allowable Costs	Comments
Incentive items distributed to WIC participants to encourage breastfeeding	No	NSA funds may be used for this purpose.
Personnel and Compensation		
Salaries and compensation for peer counselors, designated peer counselor coordinators, and referral experts	Yes	
Salaries and compensation for International Board Certified Lactation Consultants (IBCLCs)	<p>Yes. BFPC funds may be used to hire IBCLCs to provide oversight/management of peer counseling programs and/or supervision, mentoring and referral expertise for peer counselors.</p> <p>BFPC funds may also be used to pay for IBCLC time if a peer counselor refers a WIC mother to an IBCLC for consultation outside of the peer counselor's scope of practice. The IBCLC may be compensated using BFPC funds if the mother continues to be supported by the peer counselor and remains part of the peer counselor's caseload.</p>	
Salaries and compensation for dual-role staff, e.g., part-time WIC Nutrition Assistant and part-time peer counselor	Yes, BFPC funds may be used for the portion of time spent as peer counselor. The "dual-role" staff must meet the definition of peer counselor in the Loving Support Model, including being available to participants outside of regular	
Males as Breastfeeding Peer Counselors	No. The definition of peer counselor in the Loving Support Model is based on research demonstrating the benefits of hiring peer counselors from WIC's target population of WIC-eligible women.	Men can be valuable members of breastfeeding promotion and support activities in WIC, such as providing father-led support groups and other activities to support breastfeeding mothers and families. However, components and activities that are outside of those defined by the Loving Support Model must be funded through the regular NSA grant or other sources.

Recruitment of peer counselors and related staff	Yes	
Staffing and expenses related to breastfeeding hotlines and call centers	Yes. BFPC funds may be used to hire peer counselors to answer calls to a WIC breastfeeding hotline if the peer counselor meets the definition of peer counselor and receives the appropriate training and supervision as outlined in the Loving support Model. Other expenses related to the hotline/call center such as rent, phone lines, equipment, are allowable for any portion of those expenses that are for the purpose of a peer counselor providing participant contacts through the hotline/call center.	
Staff Training and Resources		
Travel for training of peer counselors and peer counseling staff/managers	Yes	
Travel for home and hospital visits by peer counselors	Yes	
Continuing Education for IBCLCs	Yes, if it relates to peer counseling programs (e.g., managing, mentoring, serving as a referral)	
Breastfeeding resources for peer counselors and peer counseling coordinators/supervisors	Yes, if the resources are related to peer counseling, e.g., training materials for peer counselors.	
Breastfeeding resources for WIC staff not related to peer counseling	No	NSA funds may be used to purchase general breastfeeding resources for WIC staff.
Training and coursework for peer counselors to become IBCLCs or certified lactation counselors (CLCs)	Yes. The research recommends that peer counselors be provided career path options (e.g., training/experience to become senior level peer counselors; advanced training to become lactation consultants, etc.).	The priority use of BFPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC participants. FNS would not expect to see STATE agency BFPC implementation plans heavily focused on training and coursework for peer counselors to become IBCLCs or CLCs.

Item or Service	Allowable Costs	Comments
CLC or IBCLC exam, renewal or membership fees	No	At the WIC State agency's discretion, NSAQ funds may be used for CLC or IBCLC exam fees, renewal and /or association membership fees. The State agency must determine if it is necessary and of benefit to the WIC Program for the person in a particular job position to have the certification. SAs must also determine whether or not the cost fits within its WIC NSA grant budget.
Peer Counseling Program Advertising and Promotion		
Pamphlets and similar materials to promote the peer counseling program	Yes	
Media campaigns, e.g., bus placards, to advertise breastfeeding peer counseling programs	Yes	FNS would not expect to see a large portion of the BFPC funds spent on advertising the program at the expense of direct services to participants. BFPC funds may not be used for ads that promote breastfeeding in general-NSA funds may be used for those purposes.
T-Shirts, buttons and similar low-cost items that identify peer counselors	Yes	

Miscellaneous		
Indirect Program Costs (e.g., lease/rental costs, copying costs, HR services, legal services, utilities)	Yes	
Second nutrition education contacts	No. BFPC funds are for activities that are in addition to current required WIC activities.	NSA funds provide for at least two nutrition education contacts; therefore, BFPC funds may not be used for the “second” contact. In addition, the 1/6 th nutrition education requirement and breastfeeding target must be met with regular NSA funds.
Childcare	No	
Cribs or other materials and equipment for infants of peer counselors who bring their babies to work	No	
Monitoring and Tracking of Program Effectiveness	Yes. Funds may be used to monitor and track program components (e.g., contacts, referrals, training) to determine effectiveness and where improvements needed. However, evaluation studies may not be paid for using BFPC funds.	
Peer counseling services to non-WIC participants	In general, no. Peer counselors should refer WIC-eligible women to WIC to apply for WIC benefits. Peer counselors should refer women who are not WIC-eligible to appropriate non-WIC resources.	In situations where both non-WIC participants and WIC participants are together, e.g., hospitals, peer counselors may initially see both. However, on-going peer counseling contacts with non-WIC participants is not an allowable cost.
Breastfeeding Coalitions	No	BFPC funds can only be used for services and activities related directly to peer counseling.

*Refer to the FNS Regional Office for questions about allowable costs.

WIC Breastfeeding Model Components for

PEER COUNSELING

Support from State and Local Management Includes:

- Appropriate definition of a peer counselor
 - Paraprofessional*
 - Recruited and hired from WIC's target population, and, to the extent possible, representing the same racial/ethnic background as the mothers they support
 - Available to WIC clients outside usual clinic hours and outside the WIC clinic environment
 - Previous experience with breastfeeding, having breastfed at least one baby
- Designated breastfeeding peer counseling program managers and/or coordinators at State and/or local level
- Defined scope of practice for peer counselors limited to supporting normal breastfeeding
- Written job descriptions for peer counselors
- Compensation and reimbursement for peer counselors
- Training for WIC State/local peer counseling management, supervisory, and clinic staff using FNS-developed training curricula
- Establishment of standardized breastfeeding peer counseling program policies and procedures at the State and local level as part of agency nutrition education plan

Support of Peer Counselors Includes:

- Training and continuing education of peer counselors using FNS-developed training curricula
- Timely access to a WIC Designated Breastfeeding Expert for assistance with problems outside of peer counselor scope of practice
- Regular, systematic contact with supervisor
- Participation in clinic staff meetings as part of the WIC team
- Opportunities for continuing education and to meet regularly with other peer counselors

*Those without extended professional training in health, nutrition, or the management of breastfeeding who are selected from the group to be served and are trained and given ongoing supervision to provide a basic service or function. Paraprofessionals provide specific tasks within a defined scope of practice. They assist professionals, but are not licensed or credentialed as healthcare, nutrition, or lactation consultant professionals.

Registered Dietitian: Scope of Service

Purpose

Each local agency providing WIC clinical services in the State of Montana by contract must have a Registered Dietitian (RD) available to provide the services as outlined in this Scope of Work Agreement. The Registered Dietitian must maintain their credentials and licensure in good standing with the Commission on Dietetic Registration and the State of Montana Department of Labor and Industry.

SERVICES TO BE PROVIDED

1. Complete all required WIC training, including the following, but not limited to:
 - a. SPIRIT Management Information System modules
 - b. Civil rights (initial and annually thereafter)
 - c. Review of Montana WIC Risk Codes (complete list) and High-Risk Code Referrals
2. Coordinate with local clinic staff on an acceptable schedule for WIC participants to be scheduled.
 - a. Flexibility is essential to ensure participants may be scheduled at a time that accommodates them
 - b. Services may be in person, via telephone, via video chat with a secure connection, or other interactive and secure means of choice
3. Work with local agency staff on system of referral for participant services.
4. Provide assessment, counseling, education, and care plan for all referred participants.
 - a. Follow-up schedule with RD is at the discretion of the RD and shall be documented in the care plan
 - b. If the issue is resolved, the participant denies services, or the issue is beyond the scope of what the RD may intervene in, the RD may release the participant to low-risk follow up plan with clinic or refer out to another health professional
5. If the participant is already being followed by specialists, other healthcare providers or Nutritionists, the WIC RD (or clinic staff) may request a release to consult with the provider and ensure our services are supportive of their care plan.
6. Provide approval, denial, or other edits to the supplemental foods section on the WIC Prescription Form for participants designated in Food Package III when the Healthcare Provider checks the box to defer to the RD.
 - a. This will be completed and returned to the clinic (by secure means) within 1 business day of request
 - b. Review of chart, including growth, intake, assessment notes, medical history and diagnoses will be completed prior to completing this section of the form
 - c. Consult with the participant or caretaker, or healthcare provider, is expected when assessing for food readiness in medically fragile circumstances
7. Provide consult, training, materials, and/or mentoring to clinic staff on nutrition topics as requested. This may be in the form of:
 - a. Working through a chart review to ensure the clinic staff are supporting the High-Risk Care Plan appropriately;
 - b. Ensuring clinic staff are making appropriate referrals related to their scope of practice; and/or
 - c. Providing links or copies of reputable resources for information and education

8. Documentation of all WIC contacts, or attempted contacts, will be completed and submitted directly into the M-SPIRIT system, or provided to the local agency staff to input or scan in within 1 business day of contact.
9. RD shall follow up with all participants who miss their scheduled appointments at least once to reschedule. Documentation of contacts, or attempts to contact, must be in the participant chart.
10. Act in the role of Nutrition Coordinator for the clinic and ensure all nutrition related training needs are met by staff.
11. Lead the agency effort of development and implementation of the Nutrition & Breastfeeding Plans

LOCAL AGENCY WILL

1. Schedule participants determined to meet the high-risk criteria, or whom the CPA otherwise considers needing additional nutritional intervention.
2. Provide access to participant chart to review components relevant to the referral.
3. Provide guidance on WIC policy and program expectations.
4. Defer to RD on nutritional counseling outside of their scope of practice.
5. Consult with RD to ensure care plan is being followed as intended.
6. Ensure participants understand that RD services are free, available, and encouraged to meet the objectives of the program
7. Assist RD in rescheduling appointments when missed
 - a. May provide benefits monthly until RD referral is followed through
 - b. Participant may deny referral and continue on schedule determined by the WIC CPA
8. Consult with RD on issues of health and nutrition to improve knowledge base, resources available, and care management with participants.

TASK ORDER 21-25-5-01-007-0
TO CASCADE CITY-COUNTY UNIFIED GOVERNMENT MASTER CONTRACT
THAT COVER THE PERIOD OF July 1, 2019 to June 30, 2026
Maternal and Child Health Block Grant Program

THIS TASK ORDER is entered into between the Montana Department of Public Health and Human Services (hereinafter referred to as the "Department"), whose address and phone number are 1400 E Broadway Room A116, PO Box 202951, Helena, MT 59620 and 406-444-4119 and Cascade City-County Health Department (hereinafter referred to as the "Contractor"), whose federal ID number, mailing address, fax number, and phone number are 81-6001343, 115 4th ST S, Great Falls, MT 59401, and 406-791-9262 for the purpose of committing the Contractor to provide health related services required by this task order. In consideration of the mutual covenants and stipulations described below, the Department and Contractor agree as follows:

SECTION 1: PURPOSE

The Contractor agrees to provide maternal and child health services, as described in the Contractor's June 2020 Pre-Contract Survey for the Maternal and Child Health Block Grant (MCHBG), for the timeframe of October 1, 2020 to September 30, 2021 and as outlined in Section 2: Services to be provided for all residents of Cascade County.

A. COVID-19 Response:

1. The Health Resources and Services Administration allows redirection of MCHBG funds to support necessary response to COVID-19. Subject to the written approval of the Department, it can be used to support staffing, COVID-19 programmatic work, and emergency response.
2. There is flexibility in the MCHBG deliverables and due dates detailed in this Task Order. This is contingent upon approval from applicable State staff, expressly the MCHBG Program Specialist and FICMMR Program Specialist.

SECTION 2: SERVICES TO BE PROVIDED

The Contractor agrees to provide:

A. Maternal and Child Health (MCH) Services

1. Comply with the requirements of Title V: MCHBG, Section 501 to 510 [42 U.S.C. 701 to 710]; and ARM 37.57.1001 governing the MCHBG.

2. Except as permitted in Section 1(A), ensure that MCHBG funds are used solely for providing core MCH services to pregnant women, nonpregnant women of childbearing age, infants younger than one year of age, children and adolescents under age 22, or children with special health care needs.
3. Send the MCHBG Coordinator to the annual Family and Community Health Bureau sponsored MCHBG training.
4. Systematically collect data elements required by this task order and submit the reports by the designated due dates as outlined in Section 4.
5. Counties with an annual allocation amount greater than \$50,000 will submit an annual budget by October 1, 2020, on Attachment D, for the 10/1/20 to 9/30/21 time-period.
6. Assess county MCH services by conducting a Client Survey and use the results to help with program planning and selection of the national or state performance measure to be addressed by the Contractor. Results of the Client Survey must be retained by the Contractor and submitted with Attachment B, expressly referenced as the 2021 MCHBG Annual Financial and Data Report, to the Department's MCHBG Liaison.
7. Have on file a copy of the referral and follow-up procedure for MCH clients sent for care to other providers or facilities, such as: hospitals, Community Health Centers, Federally Qualified Health Centers, and private practice physicians.
8. Have on file a copy of the referral and follow-up procedure for clients who are children and youth with special health care needs (CYSHCN), *including referrals to care coordination.*
9. Provide any of the services described in this section, which the Contractor has contracted to provide hereunder, free of charge to an individual or member of a family whose income equals or falls below either the relevant level stated below, or any other level set by the Contractor which is higher:

<u>Size of family unit</u>	<u>Maximum income level/year</u>
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640

(For family units with more than eight members, add \$5,600 for each additional member.) Individual eligibility must be documented in the client's record. NOTE: Because the above maximum income levels are established by the U.S. Department of Health and Human Services and are subject to revision by that department, the Department may modify the above maximum income levels by sending the Contractor written notice of new levels. The modification will be effective upon the date the Contractor receives the notice.

10. Establish a fee schedule which adjusts the charges to the income, resources, and family size of each individual, and publish the fee schedule if the Contractor imposes any allowable charges for services funded under this task order to individuals other than those described in 2A (8).
11. Implement and evaluate two program activities to address national or state performance measure(s), as selected on the Contractor's June 2020 Pre-Contract Survey for the Maternal and Child Health Block Grant. Counties with an annual allocation greater than \$10,000 may implement activities for two different performance measures. Activity details are subject to approval by the Department's MCHBG Liaison. The Contractor's selected performance measure for federal fiscal year 2021 is as follows: *NPM 13.2: Children's Oral Health - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year.*
12. Conduct specific planning for, or implementation of a performance measure activity at least once every quarter as pertains to the national or state performance measure(s) referenced in 2A (10), until both activities have been completed. A report will be submitted 15 days after the end of every quarter on Attachment C.
13. Respond to requests from the Department within one week.
14. Include the following paragraph when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

"This project is/was 100% supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under CFDA # 93.994 for Maternal and Child Health Services, the total Cascade City-County Health Department

award amount for October 1, 2020 to September 30, 2021 is \$81974. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

B. Fetal, Infant, Child, Maternal Mortality Review and Prevention (FICMMR)

1. Comply with the requirements of MCA 50-19-401 to 50-19-406 governing the Fetal, Infant, Child, and Maternal Mortality Reviews, and formally review with FICMMR team members annually.
2. Review and report all fetal, infant, child, and maternal deaths occurring in the county jurisdiction by an existing Fetal, Infant, Child, and Maternal Mortality Review (FICMMR) Team - either the Contractor's own team or through written agreement with a neighboring county's team. Each county will have its own, local FICMMR Leader who is responsible for that county's FICMMR deliverables under this contract.
3. The local FICMMR Leader must maintain on file annually a confidentiality statement signed by all team members and all in-coming new members. The confidentiality statement will also be reviewed and signed by team members at each meeting.
4. The local FICMMR Leader must notify the Department of any change in review team membership, by updating and submitting their FICMMR County Operational Plan that includes the name, occupation, and phone number of each member within 30 days of the change.
5. The local FICMMR Leader must ensure that all fetal, infant, and child deaths occurring in calendar year 2019 will be reported in the National Fatality Review Case Reporting System by November 1, 2020.
6. The local FICMMR Leader must ensure that all maternal deaths occurring in calendar year 2019 will be completed electronically on the Montana Maternal Mortality Case Review Reporting Form and submitted to the Department's FICMMR Program Coordinator, by November 1, 2020. The maternal form must be sent through the State's Secure File Transfer System via e-PASS.
7. Send the local FICMMR Leader to the Family and Community Health Bureau sponsored annual FICMMR Training.
8. The local FICMMR Leader must attend the Department's FICMMR conference calls. If the local FICMMR Leader is unable to attend the call they must notify the Department's FICMMR Program Coordinator at least

48 hours prior to call time or identify a replacement.

9. Implement and evaluate one evidence-based/informed or best-practice injury-prevention activity (EBIBP), as detailed on the June 2020 Pre-Contract Survey, and subject to approval by the Department's FICMMR Coordinator.
- C. The Department agrees to provide the Contractor with statistical data reports, technical assistance and consultation concerning the services required by this Task Order, to the extent the Department's resources allow.

SECTION 3: EFFECTIVE DATE AND PERIOD OF PERFORMANCE

Performance of this task order shall begin October 1, 2020, and the services provided pursuant to Section 2 must be completed by September 30, 2021.

SECTION 4: COMPENSATION, REPORTS, DELIVERABLES, AND DUE DATES

The Department will pay the Contractor the following for the Title V MCH Block Grant Services outlined in this task order contingent upon the receipt and approval of the required reports and deliverables as outlined below. Failure to fulfill a deliverable requirement will result in a pro-rated deduction, based on the Contractor's annual funding amount divided by the annual number of deliverables.

Submitting these reports in a timely manner is important, and connected to reporting required from the Department by the Health Resources and Services Administration.

- A. \$16394.8 as soon as possible after January 15, 2021, for the provision of Title V MCHBG services and the following required reports and deliverables have been received by the due date and approved by the Department Liaison or State FICMMR Program Coordinator as appropriate:
1. Due by October 1, 2020: From counties with an annual allocation amount greater than \$50,000, a budget on the form requested by the department (Attachment D), for the 10/1/20 to 9/30/21 time-period.
 2. Due by October 15, 2020: From counties with their own FICMMR Review Team: an updated FICMMR Operational Plan; or from counties utilizing another county's FICMMR Review Team: an updated county to county Memorandum of Agreement.
 3. Due by November 1, 2020: All calendar year 2019 Fetal, Infant, Child, and Maternal Mortality review case reports;
 4. Due by January 15, 2021: The MCHBG Quarterly Report (Attachment C), for

the 10/1/20 to 12/31/20 time-period.

- B. \$16394.8 as soon as possible after April 15, 2021, for the provision of Title V MCHBG services and the following required report has been received by the due date and approved by the Department Liaison:
1. Due by April 15, 2021: The MCHBG Quarterly Report (Attachment C), for the 1/1/21 to 3/31/21 time-period.
- C. \$16394.8 as soon as possible after July 15, 2021, for the provision of Title V MCHBG services and the following required reports and deliverables have been received by the due date and approved by the Department Liaison or FICMMR Program Coordinator as appropriate:
1. Due by June 15, 2021: Completion of MCHBG Pre-Contract Survey
 2. Due by July 15, 2021: The MCHBG Quarterly Report (Attachment C), for the 4/1/21 to 6/30/21 time-period;
 3. Attendance by the Contractor's MCHBG Coordinator or Contract Liaison to the required annual MCHBG training
 4. Attendance by the Contractor's FICMMR Leader to the required FICMMR annual training during 2021.
- D. \$16394.8 as soon as possible after October 15, 2021, for the provision of Title V MCHBG services and the following required reports and deliverables have been received by the due date and approved by the Department Liaison or FICMMR Program Coordinator as appropriate:
1. Due by October 15, 2021: The MCHBG Quarterly Report (Attachment C), for the 7/1/21 to 9/30/21 time-period;
 2. Due by October 15, 2021: The FICMMR Injury Prevention Activity Report (Attachment C);
- E. \$16394.8 as soon as possible after November 15, 2021, for the provision of Title V MCHBG services and the following required reports and deliverables for October 1, 2020 to September 30, 2021 have been received by the due date and approved by the Department Liaison or FICMMR Program Coordinator as appropriate:
1. Due by November 15, 2021: The MCHBG Compliance and Activities Report (Attachment A)
 2. Due by November 15, 2021: The MCHBG Financial and Data Report (Attachment B)
 3. Due by November 15, 2021: A summary of the results from the Contractor's Client Surveys.
 4. Due by November 15, 2021: From counties with an annual allocation amount greater than \$50,000, actual spent on the budget form requested

by the department (Attachment D), for the 10/1/20 to 9/30/21 time-period.

SECTION 5: SOURCE OF FUNDS AND FUNDING CONDITIONS

- A. Payments under this task order are contingent upon receipt of funding from the Maternal Child Health Block Grant (CFDA # 93.994).
- B. Contractor receipt of their MCH Block Grant allocation under this task order is contingent upon submission of all previous years' required reports as indicated in the Contractor's FFY 2020 MCH Block Grant Task Order.
- C. Requests for an extension of time to submit deliverables or reports past their due date *must be made in writing to the Department's Liaison before the due date*. The request must include the compelling reason the original due date could not be met. An extension due date will be set by mutual agreement between the Department and Contractor liaisons. If no request for an extension is made before the original due date, or if the extension due date is not met, the payment associated with that deliverable or report is forfeited.
- D. If the Contractor does not completely expend by December 31, 2021, all of the funds received pursuant to Section 4 (1) through (6) for performance of this task order, the Contractor agrees to refund the balance of those funds to the Department by January 15, 2022.
- E. In providing the services under this task order, the Contractor agrees that it will expend from non-federal Contractor resources \$3 for every \$4 of the MCH Block Grant funds referred to in Section 4 and expended in performance of this task order. For purposes of this task order, non-federal Contractor resources do not include state general funds for which the Contractor is a recipient. Therefore, the Contractor may not include state general funds the Contractor receives as "contractor match" for purposes of this section. The Contractor must ensure that any program income (e.g., income from fees, or any interest or other investment income earned on funds advanced to the Contractor under this task order) accruing to the Contractor from activities funded, in whole or in part, under this task order is used only for the allowable program costs described in this task order.
- F. The Contractor is responsible for the establishment and implementation of policies and procedures for charging, billing, and collecting funds for the allowable services provided under this task order. Billing and collection procedures must have the following characteristics:
 - 1. Charges are based on a cost analysis of all services provided. Where applicable, bills are given directly to the client or to another payment source such as Medicaid, Medicare, or private insurance.

2. Clients whose documented income is at or below the income levels established in Section 2A (9) may not be billed, although third parties must be billed who are legally obligated to pay for the services.
3. Bills to third parties must show total charges without applying any discounts or adjustments based upon the fee schedule established by the Contractor pursuant to Section 2A (10).
4. Bills to clients must show total charges, less any discounts or adjustments, based upon the fee schedule established by the Contractor pursuant to Section 2A (10).
5. Bills for minors obtaining confidential services must be based on the resources of the minor.
6. Reasonable efforts to collect bills include mailing of bills when client confidentiality is not jeopardized.
7. A method of the aging of outstanding accounts must be established.
8. Clients must not be denied services because of the inability to pay.

SECTION 6: LIAISONS AND SERVICE OF NOTICES

- A. Blair Lund (406) 444-0276, blund@mt.gov or her successor will be the MCHBG Liaison for the Department. Kari Tutwiler (406) 444-3394, ktutwiler@mt.gov or her successor will be the FICMMR Liaison for the Department.
- B. Jo-Viviane Jones will be the MCHBG Liaison for the Contractor, and will be the FICMMR Liaison for the Contractor.

These persons serve as the primary contacts between the parties regarding the performance of the task order.

- C. Written notices, reports and other information required to be exchanged between the parties must be directed to the Department's Liaison at the parties' addresses set out in this task order.

SECTION 7: DISPUTE RESOLUTION PROCESS

The following process is to be used in the event of a disagreement between the Contractor and the Department about the terms of this contract. Written notification by the Contractor providing specific details about the disagreement must first be provided to the Department Bureau Chief identified as follows:

Kristen Rogers, Kristen.rogers@mt.gov, (406) 444-4743 is the Bureau Chief for the Department. The Department Bureau Chief shall attempt to resolve the dispute. If resolution of the disagreement is not obtained, then the Contractor may request a review

and determination to be made by the Division Administrator. The Contractor shall provide in writing specific details about the remaining issues that are in dispute. The Contractor may also request an in-person meeting with the Division Administrator to present its reasons or position on the disagreement. If the Division Administrator cannot resolve the dispute, the reasons for the Department's position on the issues in dispute must be presented to the Contractor in writing.

SECTION 8: SCOPE OF TASK ORDER

This task order consists of ten (10) numbered pages, Attachment A expressly referenced as the 2021 MCHBG Compliance and Activities Report, Attachment B expressly referenced as the 2021 MCHBG Annual Financial and Data Report, Attachment C expressly referenced as the 2021 MCHBG Quarterly County Progress Report Template, and Attachment D, expressly referenced as the County Public Health Department Budget Form.

IN WITNESS THEREOF, the parties through their authorized agents have executed this task order on the dates set out below:

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By: _____ Date _____
Jamie Palagi, Administrator
Department of Public Health & Human Services
Early Childhood & Family Support Division
1625 11th Avenue
Helena MT 59620-2951
(406) 444-6676

BOARD OF COUNTY COMMISSIONERS - CASCADE COUNTY MONTANA

By: _____ Date _____
James L. Larson, Chairman

By: _____ Date: _____
Jane Weber, Commissioner

By: _____
Joe Briggs, Commissioner

Date: _____

ATTEST

On this ____ day of ____, 2020, I hereby attest the above-written signatures of Joe Briggs, and James Larson, and Jane Weber Cascade County Commissioners.

Rina Fontana Moore, Clerk & Recorder

* APPROVED AS TO FORM:
Josh Racki, County Attorney

DEPUTY COUNTY ATTORNEY

* THE COUNTY ATTORNEY HAS PROVIDED ADVICE AND APPROVAL OF THE FOREGOING DOCUMENT LANGUAGE ON BEHALF OF THE BOARD OF CASCADE COUNTY COMMISSIONERS, AND NOT ON BEHALF OF OTHER PARTIES OR ENTITIES. REVIEW AND APPROVAL OF THIS DOCUMENT BY THE COUNTY ATTORNEY WAS CONDUCTED SOLELY FROM A LEGAL PERSPECTIVE AND FOR THE EXCLUSIVE BENEFIT OF CASCADE COUNTY. OTHER PARTIES SHOULD NOT RELY ON THIS APPROVAL AND SHOULD SEEK REVIEW AND APPROVAL BY THEIR OWN RESPECTIVE COUNSEL.

Individuals Served with Primary Pay Source - Listed by Population Category

Attachment B: MCHBG FINANCIAL & DATA REPORT, for Federal Fiscal Year 2021 (October 1, 2020 -

DUE: November 15, 2021

County:

MCHBG Population Category	Unduplicated number of persons served	Primary Pay Source For <i>For each population category, please count primary pay source</i>		
		Medicaid Title XIX	CHIP	Private Insurance
Pregnant Women Any pregnant women receiving any service.				
Infants: < 1 year All infants under 1 year of age receiving services.				
Children: 1 to 22 years All children 1 year of age through their 21st year, not including CSHCN. DO NOT count school screenings.				
Children with Special Health Care Needs Children birth through their 21st year who have problems requiring more than routine and basic care and/or have a diagnosed disorder.				
Others Particularly non-pregnant women age 22 to 45 (through their 44th year)				
TOTALS				
Group Encounters Include school and day care screening numbers. Group Encounter numbers are not included in above categories, as there is probably some duplication.				

Individuals Served by Race - Listed by Population Category

Attachment B: MCHBG FINANCIAL & DATA REPORT, for Federal Fiscal Year 2021 (October 1, 2020 - Septe

DUE: November 15, 2021

County:

DRAFT

Population Category	Unduplicated number of persons served	Race			
		For each population category, please count each person			
		White	American Indian	More than one race	
Pregnant Women Any pregnant women receiving any service.					
Infants under 1 year All infants under 1 year of age receiving services.					
Children 1 year to 22 years All children 1 year of age through their 21st year, not including CSHCN. DO NOT count school screenings.					
Children with Special Health Care Needs Children birth through their 21st year who have problems requiring more than routine and basic care and/or have a diagnosed disorder.					
Others Particularly non-pregnant women age 22 to 45 (through their 44th year)					
TOTAL					
Group Encounters Include school and day care screening numbers. Group Encounter numbers are not included in above categories, as there is probably some duplication.					

Budget and Expenditures by Population Category

Attachment B: MCHBG FINANCIAL & DATA REPORT, for Federal Fiscal Year 2021 (October 1, 2020 - September 30, 2021)

DUE: November 15, 2021

County:

DRAFT

Population Category	Non-Federal County Matching Funds		MCHBG
	Budgeted (75% of MCHBG Funds)	Spent (Total County Expenditure)	Budgeted
Pregnant Women Any pregnant women receiving any service.			
Infants under 1 year All infants under 1 year of age receiving services.			
Children 1 year to 22 years All children 1 year of age through their 21st year, not including CSHCN. Do not include group encounter costs.			
Children with Special Health Care Needs Children birth through their 21st year who have problems requiring more than routine and basic care and/or have a diagnosed disorder.			
Others Particularly non-pregnant women age 22 to 45 (through their 44th year).			
Group Encounters For all clients ages 0 through 21, and women ages 22 through 44. Including costs for school and daycare screenings.			
TOTALS (These need to match totals on Service Expenses tab.)			

Budget and Expenditures by Types of Service

Attachment B: MCHBG FINANCIAL & DATA REPORT, for Federal Fiscal Year 2021 (October 1, 2020 -

DUE: November 15, 2021



County:

Service Category	Non-Federal County Match			E
	Budgeted (75% of MCHBG Funds)	Spent (Total County Expenditure)		
1. Direct Health Care Services: preventive, primary, or specialty clinical services where MCHBG funds are used to reimburse <u>formal process</u> . Do not include costs which are reimbursed by other payers. Any cumulative amounts entered here must be a Direct Service Detail tab. It is preferred to NOT use MCHBG funds for direct services if at all possible.				
a. Preventive and primary care services for all pregnant women, mothers, and infants up to age one				
b. Preventive and primary care service for children				
c. Services for CYSHCN				
2. Enabling Services: non-clinical services that enable individuals to access health care and improve health outcomes. Examples include: case management, care coordination, transportation, health education, and health professional salaries.				
3. Public Health Services and Systems: activities and infrastructure to carry out core public health functions and essential services. Examples include: needs assessment, program planning, quality assurance, workforce development, population-based disease prevention and health promotion campaigns.				
4. Administration: Limited to 10% of MCHBG funds. Examples include: bookkeeping, legal aid, and supervision of persons who are not health professionals.				
TOTALS (Needs to match totals on Population Expenses tab.)				

Direct Service Expenditure Details by Service Type

Attachment B: MCHBG FINANCIAL & DATA REPORT, for Federal Fiscal Years 2021 (October 1, 2020 -

DUE: November 15, 2021

County:

Most counties will not have amounts to enter on this form -

Check the specific types of Direct Services as reported on the Service Expenses Report (previous tab). Provide the total amount of MCHBG funds expended for each.	Place an "X" if service provided	Non-Federal County Match			E
		Budgeted	Spent		
1. Pharmacy					
2. Physician Office Services					
3. Hospital Charges (Includes Inpatient and Outpatient)					
4. Dental Care (Does Not Include Orthodontic Services)					
5. Durable Medical Equipment and Supplies					
6. Laboratory Services					
7. Other (Specify)					
TOTALS					

(Attachment C)

October 2020 – SEPTEMBER 2021, MONTANA MATERNAL AND CHILD HEALTH BLOCK GRANT
QUARTERLY COUNTY CONTRACTOR PROGRESS REPORT

County Name:

Name of Person Completing Report:

This report is for the following quarter: (please check appropriate box below)

<input type="checkbox"/>	1 st Quarter: 10/1/20 – 12/31/20 (due 1/15/21)
<input type="checkbox"/>	2 nd Quarter: 1/1/21 – 3/31/21 (due 4/15/21)
<input type="checkbox"/>	3 rd Quarter: 4/1/21 – 6/30/21 (due 7/15/21)
<input type="checkbox"/>	4 th Quarter: 7/1/21 – 9/30/21 (due 10/15/21)

Performance Measure(s): (please check below)

<input type="checkbox"/>	NPM 1 -	Well-Woman Visit: Percent of women, ages 18 through 44, with a preventive medical visit in the past year. <i>Domain 1</i>
<input type="checkbox"/>	NPM 5 -	Infant Safe Sleep: a) percent of infants placed to sleep on their backs; b) percent of infants placed to sleep on a separate approved sleep surface; and, c) percent of infants placed to sleep without soft objects or loose bedding. <i>Domain 2</i>
<input type="checkbox"/>	NPM 9 -	Bullying: Percent of adolescents, ages 12 through 17, who are bullied or who bully others. <i>Domain 5</i>
<input type="checkbox"/>	NPM 13.2 -	Oral Health: b) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year <i>Domain 3</i>
<input type="checkbox"/>	SPM 1 -	Access to Public Health Services: Number of clients ages 0 – 21, and women ages 22 – 44 who are served by public health departments in counties with a corresponding population of 4,500 or less. <i>Domain 6</i>
<input type="checkbox"/>	SPM 2 -	Family Support and Health Education: Number of clients ages 0 – 21, and women ages 22 – 44 who are assessed for social service and health education needs; and are then placed into a referral and follow-up system or provided with health education as needed. <i>Domain 6</i>

The six MCH population domains are: 1) Women / Maternal Health (Ages 15 - 44), 2) Perinatal / Infant Health (Age <1), 3) Child Health (Ages 1 - 10), 4) Children and Youth with Special Health Care Needs, 5) Adolescent Health (Ages 11 - 19), and 6) Cross-Cutting / Systems Building.

MCHBG Activities Undertaken / Planned - Please describe any significant activities or planning efforts during this quarter, pertaining to your county's performance measure(s). This might include progress towards activity goals, using the evaluation strategies described on the Pre-Contract Survey. Include any collaborative efforts with other organizations.

Operational Challenges - Please describe any challenges or issues in working towards activity goals during this quarter, and any lessons learned.

For required EBIBP FICMMR Injury Prevention Activity – The FICMMR task order requires that counties plan, implement, and evaluate one injury-prevention activity per year that is evidence-based/informed, or a best practice (EBIBP) to be completed by 9-30-2021.

Please report on EBIBP progress and final results in detail:

ALSO, inform us early on if challenges or changes arise: how you addressed it; if you need help or ideas from other counties; or need to change your EBIBP?

Address each item below as applicable:

- a. Progress on goal(s)? When done, what went well? What are you proud of?
- b. Provide pre and post survey comparison results;
- c. Lessons learned;
- d. Who was served, for example: high school seniors;
- e. Were there partnerships with other organizations, if so, who?
- f. Provide numbers, for example:
 - Number of students that received SOS suicide prevention education
 - Pre/Post SOS training results, such as was there an "Increase in stated ability to implement Act, Care, Tell?"
 - Number of car seats inspected; number installed incorrectly; number donated?

For *any* other Injury Prevention Activity – Many counties continue to provide information on other injury prevention education and services. For this quarter, please tell us:

- a) What was the activity or service?
- b) Who participated, for example: middle school students;
- c) Were there partnerships with other organizations, if so, who?
- d) Total number served or best estimate you can provide.

Maternal & Child Health Block Grant - Federal Fiscal Year 2021

County Public Health Department Budget Form

Required for Counties with MCHBG Allocation Over \$50,000

Initial Budget due 10/1/2020, Actual Spent due 11/15/21

(Actual form provided as Excel spreadsheet)

Attachment D

County Name:

	MCHBG Funding Allocation	County Match	Total	Actual Spent as of 9/30/20
(Enter County Allocation & 75% Match)	\$0	\$0.00	\$0.00	\$0.00

Performance Measure Activities:

Salary & Benefits			\$0.00	
Supplies			\$0.00	
Promotion			\$0.00	
Travel			\$0.00	
Overhead			\$0.00	
Other*			\$0.00	

FICMMR:

Child Death Review Teams			\$0.00	
Injury Prevention Activity			\$0.00	

Administrative:

			\$0.00	
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(Subtract expenses from allocation and match
amounts, to equal zero.)

\$0.00 \$0.00 \$0.00 \$0.00

*Specify detail of "Other" Category:



**FFY 2021 DRAFT
Maternal & Child Health Block Grant (MCHBG)
Compliance and Activities Report**

Administrative Information

This report verifies county compliance with MCHBG Task Order requirements and should be filled out by the Contract Liaison/MCHBG Contact. The time-frame covers Federal Fiscal Year 2021 (10/1/20 - 9/30/2021). If you have any questions or concerns please contact the MCHBG Task Order Liaison.

* 1. County Name:

* 2. IMPORTANT - Email a summary of your county health department's Client Survey results to the DPHHS MCHBG Contract Liaison (must be a Word document or PDF).

How were your county health department's Client Survey results used for Program Planning? (Please provide at least 1, and up to 3 examples)

Example #1

Example #2

Example #3

* 3. Does your county have a Client Referral & Follow-Up Procedure on file?

☐ Yes

☐ No



**FFY 2021 DRAFT
Maternal & Child Health Block Grant (MCHBG)
Compliance and Activities Report**

Administrative Information (Pg. 2)

* 4. Are services provided free of charge to clients AT or BELOW the federal poverty level?

☐ Yes

☐ No

* 5. What is your procedure when a client, who is ABOVE the federal poverty level, is in need of services? (For example, a sliding scale for fees, based on income.)

* 6. Does your county have a Memorandum of Understanding (MOU) regarding coordination of services with local Indian reservations? This can also be a written description of interagency coordination efforts.

☐ Yes

☐ No

☐ N/A



**FFY 2021 DRAFT
Maternal & Child Health Block Grant (MCHBG)
Compliance and Activities Report**

FICMMR Information

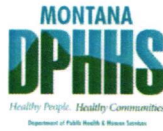
7. If a neighboring county's team conducts your county's FICMMR reviews, please enter the name of that county below:

* 8. Please summarize the FICMMR injury-prevention activities or campaigns your county implemented during the reporting period (10/1/20 - 9/30/21). At least one activity / campaign description is required.

Activity #1

Activity #2

Activity #3



FFY 2021 DRAFT
Maternal & Child Health Block Grant (MCHBG)
Compliance and Activities Report

Performance Measure Selection

* 9. Which National or State Performance Measure(s) (NPM/SPM) did your county select for the reporting period (10/1/20 to 9/30/21)?

- ☐ NPM 1 - Well-Women Preventive Care Visit
- ☐ NPM 5 - Infant Safe Sleep
- ☐ NPM 9 - Bullying Prevention
- ☐ NPM 13.2 - Children's Oral Health
- ☐ SPM 1 - Access to Public Health Services
- ☐ SPM 2 - Family Support & Health Education

* 10. What was the result of your county health department's NPM/SPM activities? **Please be specific (i.e. numbers), and refer to the evaluation plans and goals submitted on the FFY 2021 Pre-Contract Survey.** At least 2 activity outcome descriptions are required.

Outcome of Activity and Goal Results #1

Outcome of Activity and Goal Results #2

Outcome of Activity and Goal Results#3

* 11. How did your county use the results listed above, and/or other information, for selecting its FFY 2022 NPM/SPM (10/1/21 to 9/30/22)?

12. How can the DPHHS/MCHC section assist you with your FFY 2022 NPM/SPM activities?

* 13. I certify that the information on this Compliance and Activities Report is correct, and verify compliance with the Federal Fiscal Year 2021 Maternal Child Health Block Grant Task Order:

Name of Person

Completing Compliance
and Activities Report

Date

Email Address

Contract 20-149

ITEM:

INITIATED AND PRESENTED BY:

ACTION REQUESTED:

Approval of Contract 20-149

The purpose of this amendment is to adjust contract language for MT CONNECT services and adjust funding for the MT Cancer Control Program, MT Asthma Control Program, MT Tobacco Use Prevention Program, and the Montana CONNECT Program.

TERM:

July 1, 2020 – June 30, 2021

AMOUNT:

\$246,501.00 (Reduction of \$8,767.00)

RECOMMENDATION:

Approval of Contract 20-149

MOTION TO APPROVE:

Mr. Chair, I move that the Commission **APPROVE** Contract 20-149, Montana Cancer Control Programs, Montana Asthma Control Program, Montana Tobacco Use Prevention Program, and the Montana CONNECT Program, Amendment Number One, Task Order 21-07-3-01-002-0

MOTION TO DISAPPROVE:

Mr. Chair, I move that the Commission **DISAPPROVE** Contract 20-149, Montana Cancer Control Programs, Montana Asthma Control Program, Montana Tobacco Use Prevention Program, and the Montana CONNECT Program, Amendment Number One, Task Order 21-07-3-01-002-0.

**CONTRACT AMENDMENT NUMBER ONE
TASK ORDER NUMBER 21-07-3-01-002-0**

Montana Cancer Control Programs and the Montana Tobacco Use Prevention Program

This CONTRACT AMENDMENT is to amend the above-referenced task order between the Montana Department of Public Health and Human Services, (the "Department"), whose contact information is as follows: 1400 Broadway, PO Box 202951, Helena, MT 59620-2951, Phone Number (406) 444-3385, Fax Number (406) 444-7465, and Cascade County Health Department (hereinafter referred to as the "Contractor"), whose federal ID number, mailing address, fax number, and phone number are 81-6001343, 115 4th Street South, Great Falls, MT 59401 (406) 791-9284 and (406) 791-926, respectively (collectively, the "Parties").

Effective July 2, 2020, this Contract is amended as follows. Existing language has been struck; amended language underlined.

SECTION 1: PURPOSE will be amended as follows:

The purpose of this Task Order is to commit Cascade County Health Department to serve as Contractor to:

A. through E. Remain the same.

F. **CONNECT Services:** Implement the CONNECT bidirectional referral system. The system allows client contact information to be sent between service providers. The secure web-based system is available at no cost to approved organizations that make client referrals. The goal of CONNECT is to reduce common barriers for external referrals and increase client uptake in services. Through the regional approach, contractors are expected to:

- Conduct referral mapping, Identify and onboard community partners and service providers to engage and actively use the CONNECT referral system;
- Provide technical assistance to those partner organization;
- ~~And continue~~ Continue to promote and market the system; and
- Create a sustainability plan that includes leveraging funds for a minimum of a 0.25 FTE CONNECT coordinator position.

SECTION 2: SERVICES TO BE PROVIDED will be amended as follows:

A. The Contractor agrees to provide the following services:

Deliverables 1 through 16 Remain the same.

Deliverable 17 **CONNECT Referral System**

(a) and (b) Remain the same.

(c) Promote and market the CONNECT system on a monthly basis.

1. through 4. Remain the same.

5. Continue to meet with identified lead team to bring community partners together, identify interested parties, and help with creating a sustainability plan. The sustainability plan includes leveraging funding opportunities for a minimum of a 0.25 FTE CONNECT coordinator position.

(d) Remains the same.

Deliverables 18 through 21 Remain the same.

B. through D. Remain the same.

SECTION 4: COMPENSATION will be amended as follows:

- A. In consideration of the services provided through this Task Order, the Department will pay the Contractor up to a maximum total of ~~\$255,268.00~~ \$246,501.00 as follows:

1. ~~\$230,268.00~~ \$221,501.00 in administrative funding (non-screening activities); and
2. \$25,000.00 for Breast and Cervical Cancer Screening Support.
3. The total task order amount includes funds for health educators and staff at the discretion of the Contractor to attend up to two (2) annual in-person Contractor meetings and any needed orientations and trainings for MCCP, CDSMP, and MTUPP. Payments will be made according to the following schedule. The Department will provide the invoice template.

- B. Payments will be made according to the following schedule. The Department will provide the invoice template.

1. ~~\$51,053.60~~ \$48,300.20 upon receipt and approval of regional work plan for 2020-2021 due July 10, 2020.
2. Up to ~~\$51,053.60~~ \$49,300.20 upon receipt and approval of each quarterly progress report uploaded to Catalyst, The Chronic Disease Online Database, the Montana Asthma Program web-based data collection system and the Montana Cancer Control Programs' Site Data system as applicable and approved by the Department liaison due October 10, 2020, January 10, 2021, and April 10, 2021.
3. Up to ~~\$51,053.60~~ \$50,300.20 upon receipt and approval of 1) regional work plan for 2021-2022 and 2) final quarterly progress report have been uploaded to Catalyst, The Chronic Disease Online Database, the Montana Asthma Program web-based data collection system and the Montana Cancer Control Programs' Site Data system as applicable and approved by the Department liaison due July 10, 2021.

4. A portion of Cancer Screening funding for each quarter will be contingent on performance according to the following:

(a) through (g) Remain the same.

5. Contractor agrees to pay multi-county area sub-contractors as follows for Tobacco and Asthma activities listed above in deliverables. Payments are due to sub-contractors on or before August 31, 2020, November 15, 2020, February 15, 2021, May 15, 2021, and August 15, 2021.

Cascade County (Asthma):	\$ 6,000.00
Cascade County (Tobacco):	\$13,824.00
Cascade County (HCHC): (Nov, Feb and May payments):	\$ 1,000.00
(Aug 2021 payment):	\$ 2,000.00
Cascade County (Cancer Screening):	\$ 5,000.00
Cascade County (Cancer Non Screening/CDSMP):	\$22,229.60
	<u>\$20,476.20</u>
Cascade County (CONNECT):	\$ 3,000.00

6. and 7. Remain the same.

SECTION 5: SOURCE OF FUNDS AND FUNDING CONDITIONS will be amended as follows:

A. Sources of Funding

The sources of funding for this task order period (July 1, 2020 through June 30, 2021) are up to ~~\$176,857.00~~ \$172,576.00 from the Montana Tobacco Master Settlement Account and up to ~~\$78,411.00~~ \$73,925.00 from several cooperative agreements from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), C.F.D.A. 93.898 (\$53,925.00), ~~93.800 (\$4,486.00)~~ and 93.426 (\$20,000.00).

B. through I. Remain the same

SECTION 9: SCOPE OF TASK ORDER will be amended as follows:

This Task Order consists of numbered pages 1 through 28, and the following Attachment A numbered pages 30 through 38 and Amendment One (4 pages).

Attachment A – MAP Home Visiting Program Description

The original Task Order and any amendments will be retained by the Department. A copy of the original the same force and effect for all purposes as the Original. This is the entire agreement as to this particular Task Order between the parties.

All terms and conditions of the agreement not specifically amended herein remain in full force and effect for the duration of the agreement.

The parties through their authorized agents have executed this Task Order on the dates set out below.

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By: _____ Date: _____
Todd Harwell, Administrator
Department of Public Health & Human Services
Public Health & Safety Division
PO Box 202951
Helena, MT 59620-2951
406-444-4141

**BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY MONTANA**

By: _____ Date: _____
James L. Larson, Chairman

By: _____ Date: _____
Jane Weber, Commissioner

By: _____ Date: _____
Joe Briggs, Commissioner

ATTEST

On this ____ day of _____, 2020, I hereby attest the above-written signatures of James Larson, and Joe Briggs, and Jane Weber Cascade County Commissioners.

Rina Fontana Moore, Clerk & Recorder

*** APPROVED AS TO FORM:**
Josh Racki, County Attorney

DEPUTY COUNTY ATTORNEY

*** THE COUNTY ATTORNEY HAS PROVIDED ADVICE AND APPROVAL OF THE FOREGOING DOCUMENT LANGUAGE ON BEHALF OF THE BOARD OF CASCADE COUNTY COMMISSIONERS, AND NOT ON BEHALF OF OTHER PARTIES OR ENTITIES. REVIEW AND APPROVAL OF THIS DOCUMENT BY THE COUNTY ATTORNEY WAS CONDUCTED SOLELY FROM A LEGAL PERSPECTIVE AND FOR THE EXCLUSIVE BENEFIT OF CASCADE COUNTY. OTHER PARTIES SHOULD NOT RELY ON THIS APPROVAL AND SHOULD SEEK REVIEW AND APPROVAL BY THEIR OWN RESPECTIVE COUNSEL.**